

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
WICHITA FALLS DIVISION**

WITNESS AND EXHIBIT LIST

| | |
|---|--|
| Main Case No: 24-70089-swe11 | Name of Debtor: High Plains Radio Network, LLC |
| | |
| <u>WITNESSES:¹</u> | |
| 1. Debtor representative Monte Spearman | Judge: Scott W. Everett |
| 2. | Courtroom Deputy: |
| 3. | Hearing Date: April 4, 2024 |
| 4. | |
| 5. Any witnesses designated by any other party. | Hearing Time: 10:30 a.m. |
| 6. Any rebuttal witnesses as may be necessary. | Party's Name: |
| | Attorney's Name: Jeff Carruth |
| | Attorney's Phone: 713-341-1158 |
| | Attorney's email: jcarruth@wkpz.com |
| | Nature of Proceeding: <i>See list below.</i> |
| | |
| | |
| <u>List regarding Nature of the Proceeding:</u> | |
| Docket # 11 – Emergency Motion to Use Cash Collateral | |
| Docket # 12 – Emergency Motion to Pay Prepetition Wages | |
| Docket # 13 – Motion to Maintain Bank Accounts | |

¹ Movant reserves the right to amend and/or supplement this designation prior to the hearing(s), and to seek relief from the Court as might be necessary.

EXHIBITS

| EXHIBITS - HPRN -- "H####" | | | | | |
|---|-----------------|--|-------|--------|-------|
| ** = included with pleading | | | | | |
| TAB## | EXH## H ____ | Description | Offer | Object | Admit |
| 1 | 001 | ucc1 recap ** | | | |
| 2 | 002 | sos ucc1 report ** | | | |
| 3 | 003 | budget 001 ** | | | |
| 4 | 004 | ucc1 docs combined ** | | | |
| 5 | 005 | payroll recap ** | | | |
| 6 | 006 | bank account recap ** | | | |
| 7 | 007 | utilities list ** | | | |
| 8 | 008 | bank balance recap | | | |
| 9 | 009 | station status | | | |
| 10 | 010 | budget 001 - one station per tab (same as H003) | | | |
| 11 | 011 | budget 002 - 13 wk | | | |
| | 012 | [reserved] | | | |
| | 013 | [reserved] | | | |
| | 014 | [reserved] | | | |
| | 015 | [reserved] | | | |
| | 016 | [reserved] | | | |
| | 017 | [reserved] | | | |
| | 018 | [reserved] | | | |
| | 019 | [reserved] | | | |
| | 020 | [reserved] | | | |
| | | Any items on file in main case and/or any adversary proceeding | | | |
| | | Any exhibit designated by any other party. | | | |
| | | Rebuttal exhibits as necessary. | | | |
| C:\Users\jcarruth\ND Office Echo\VAULT-C9SL72TY\HPRN exhibit list 0014879-4343-5187 v.2.xlsx\exhlistHPRN001 | | | | | |

Dated: November 29, 2022

Respectfully submitted:

WEYCER, KAPLAN, PULASKI & ZUBER, P.C.

By: /s/ Jeff Carruth
JEFF CARRUTH (TX SBN: 24001846)
2608 Hibernia, Suite 105
Dallas, TX 75204-2514
Telephone: (713) 341-1158
Fax: (713) 961-5341
E-mail: jcarruth@wkpz.com

PROPOSED ATTORNEYS FOR
HIGH PLAINS RADIO NETWORK, LLC,
DEBTOR AND DEBTOR IN POSSESSION

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing was served on April 4, 2024 to all ECF users who have appeared in this case to date, and/or as set forth below.

/s/ Jeff Carruth
JEFF CARRUTH

| | | EXHIBITS - HPRN -- "H####" | | |
|-------|-----------------|--|-------|--------|
| | | ** = included with pleading | | |
| TAB## | EXH## H ____ | Description | Offer | Object |
| 1 | 001 | ucc1 recap ** | | |
| 2 | 002 | sos ucc1 report ** | | |
| 3 | 003 | budget 001 ** | | |
| 4 | 004 | ucc1 docs combined ** | | |
| 5 | 005 | payroll recap ** | | |
| 6 | 006 | bank account recap ** | | |
| 7 | 007 | utilities list ** | | |
| 8 | 008 | bank balance recap | | |
| 9 | 009 | station status | | |
| 10 | 010 | budget 001 - one station per tab (same as H003) | | |
| 11 | 011 | budget 002 - 13 wk | | |
| | 012 | [reserved] | | |
| | 013 | [reserved] | | |
| | 014 | [reserved] | | |
| | 015 | [reserved] | | |
| | 016 | [reserved] | | |
| | 017 | [reserved] | | |
| | 018 | [reserved] | | |
| | 019 | [reserved] | | |
| | 020 | [reserved] | | |
| | | Any items on file in main case and/or any adversary proceeding | | |
| | | Any exhibit designated by any other party. | | |
| | | Rebuttal exhibits as necessary. | | |

C:\Users\jcarruth\ND Office Echo\VAULT-C9SL7ZTY\HPRN exhibit list 001 4879-4343-5187 v.2.xlsx]exhlistHPRN001

| | A | B | C | D | E |
|----|--|------------------------------|----------------------------------|--|--|
| 1 | EXHIBIT H001 | | | | |
| 2 | Preliminary collateral / cash collateral analysis - NO ADMISSION OF LIABILITY | | | | |
| 3 | File Date | UCC File ## | Secured Party | Short Description of Collateral | Potential Interest in Accounts or Cash Collateral |
| 4 | 11/20/2019 | 19-0043956542 21-00201202 | Midland States Bank | Particular equipment (lease/finance) | No |
| 5 | 11/25/2019 | 19-0044608678 | US Bank Equipment Finance | Particular equipment (lease/finance) | No |
| 6 | 12/3/2019 | 19-0045700985 | Bryn Mawr Equipment Finance Inc. | Particular equipment (lease/finance) | No |
| 7 | 6/1/2020 | 20-0021729184 | First State Bank Athens | Assignment of a note receivables. | No |
| 8 | 7/16/2020 | 20-0036016290 | SBA | Blanket lien - full description | Yes (note 1) |
| 9 | 8/25/2020 | 20-0044757968 | CT Corp. Sys. (as rep) | Particular equipment (lease/finance) | No |
| 10 | 8/31/2020 | 20-0045702555 | Hitachi Capital America Corp. | Particular equipment (lease/finance) | No |
| 11 | 11/10/2021 | 21-0050185870 | US Bank Equipment Finance | Particular equipment (lease/finance) | No |
| 12 | 11/24/2021 | 21-0052429500 | CT Corp. Sys. (as rep) | Particular equipment (lease/finance) | No |
| 13 | 11/29/2021 | 21-0053543376 | CT Corp. Sys. (as rep) | Particular equipment (lease/finance) | No |
| 14 | 12/1/2021 | 21-0053337519 | Corp. Serv. Co. (as rep) | Particular equipment (lease/finance) | No |
| 15 | 12/28/2021 | 21-0058331679 | Blue Ridge Financial | Particular equipment (lease/finance) | No |
| 16 | 2/24/2022 | 22-0009168432 | Meridian Equipment Finance LLC | Particular equipment (lease/finance) | No |
| 17 | 2/27/2022 | 22-0010082055 | Corp. Serv. Co. (as rep) | Particular equipment (lease/finance) | No |
| 18 | 3/9/2022 | 22-0011706382 | Ailco Equipment Fin. Group Inc. | Particular equipment (lease/finance) | No |
| 19 | 3/16/2022 | 22-0013152440 | Corp. Serv. Co. (as rep) | Particular equipment (lease/finance) | No |
| 20 | 3/22/2022 | 22-0014189754 | Marlin Leasing Corp. | Particular equipment (lease/finance) | No |
| 21 | 9/8/2022 | 22-0044368019 | Corp. Serv. Co. (as rep) | Particular equipment (lease/finance) | No |
| 22 | 5/10/2023 | 23-0020445070 24-00215084 | Channel Partners Capital | "All assets of the Debtor." | Yes, but terminated (note 2) |
| 23 | 1/24/2024 | 24-0003254767 | Zula Com LLC | All assets - complete description. | Yes (insider / related) |
| 24 | | | | | |
| 25 | Note 1: Balance is only approximately \$65,000. | | | | |
| 26 | Note 2: The UCC-1 list from the Texas SOS includes the Channel Partners UCC-1 but does not list the termination; hence the listing here even tough this UCC-1 is terminated and other terminated and/or lapsed UCC-1s were omitted from this list. | | | | |
| 27 | C:\Users\jcarruth\ND Office Echo\VAULT-C9SL7ZTY\[exh h001 - ucc1 recap 4869-5120-5299 v.1.xlsx]ucc1recap01 | | | | |

TEXAS SECRETARY of STATE
JANE NELSON

EXHIBIT H002

Debtor Name Search

This debtor name search was performed on 03/05/2024 02:49 PM with the following search parameters:

DEBTOR NAME: HIGH PLAINS RADIO NETWORK

CITY: [Not Specified]

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|---|----------------------|---------------------|---------------------|--------------|-------------------|
| <input type="checkbox"/> |  | 18-0038630584 | Financing Statement | 11/01/2018 10:42 AM | 1 | 11/01/2023 |
| <input type="checkbox"/> |  | 19-00112445 | Termination | 03/29/2019 08:32 AM | 1 | n/a |

Debtor HIGH PLAINS RADIO NETWORK, L.L.C. 3218 QUINCY ST
PLAINVIEW, TX, 79072

Secured Party FINANCIAL AGENT SERVICES P.O. BOX 2576
SPRINGFIELD, IL, 62708

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|---|----------------------|---------------------|---------------------|--------------|-------------------|
| <input type="checkbox"/> |  | 19-0003855728 | Financing Statement | 02/01/2019 09:30 AM | 1 | 02/05/2024 |

Debtor HIGH PLAINS RADIO NETWORK LLC 3218 QUINCEY
PLAINVIEW, TX, 79072

Debtor MONTE LEE SPEARMAN 3218 QUINCEY
PLAINVIEW, TX, 79072

Secured Party FIRST STATE BANK P O BOX 471
ATHENS, TX, 75751

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|---|----------------------|---------------------|---------------------|--------------|-------------------|
| <input type="checkbox"/> |  | 19-0007245725 | Financing Statement | 02/28/2019 02:27 PM | 1 | 02/29/2024 |

Debtor HIGH PLAINS RADIO NETWORK LLC 3218 QUINCEY
PLAINVIEW, TX, 79072

Debtor MONTE LEE SPEARMAN 3218 QUINCEY
PLAINVIEW, TX, 79072

Secured Party FIRT S STATE BANK, ATHENS P O BOX 471
ATHENS, TX, 75751

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|---|----------------------|---------------------|---------------------|--------------|-------------------|
| <input type="checkbox"/> |  | 19-0032986715 | Financing Statement | 08/29/2019 09:19 AM | 1 | 08/29/2024 |
| <input type="checkbox"/> |  | 20-00107566 | Termination | 03/19/2020 10:46 AM | 1 | n/a |

Debtor HIGH PLAINS RADIO NETWORK LLC 3218 QUINCY ST
PLAINVIEW, TX, 79072

Secured Party FINANCIAL AGENT SERVICES P.O. BOX 2576
SPRINGFIELD, IL, 62708

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|---|----------------------|---------------------|---------------------|--------------|-------------------|
| <input type="checkbox"/> |  | 19-0043956542 | Financing Statement | 11/20/2019 03:47 PM | 1 | 11/20/2024 |
| <input type="checkbox"/> |  | 21-00201202 | Assignment | 05/14/2021 05:00 PM | 1 | n/a |

Debtor HIGH PLAINS RADIO NETWORK, L.L.C. 3218 QUINCY STREET
PLAINVIEW, TX, 79073-1906

Secured Party C T CORPORATION SYSTEM, AS 330 N BRAND BLVD, SUITE 700;
Party REPRESENTATIVE ATTN: SPRS

EXHIBIT H002 - PAGE 1

Secured Party MIDLAND STATES BANK 1801 PARK 270 DRIVE, SUITE 200 ST. LOUIS, MO, 63146

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|------|---------------|---------------------|---------------------|-------|------------|
| <input type="checkbox"/> | | 19-0044608678 | Financing Statement | 11/25/2019 07:02 PM | 1 | 11/25/2024 |

Debtor HIGH PLAINS RADIO NETWORK, L.L.C. 3218 QUINCY ST
PLAINVIEW, TX, 79072-1906

Secured Party U.S. BANK EQUIPMENT FINANCE 1310 MADRID STREET
MARSHALL, MN, 56258

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|------|---------------|---------------------|---------------------|-------|------------|
| <input type="checkbox"/> | | 19-0045700985 | Financing Statement | 12/03/2019 05:00 PM | 3 | 12/03/2024 |

Debtor HIGH PLAINS RADIO NETWORK, L.L.C. 3218 QUINCY STREET
PLAINVIEW, TX, 79072

Secured Party BRYN MAWR EQUIPMENT FINANCE, INC. 801 LANCASTER AVENUE
BRYN MAWR, PA, 19010

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|------|---------------|---------------------|---------------------|-------|------------|
| <input type="checkbox"/> | | 20-0010752522 | Financing Statement | 03/19/2020 10:26 AM | 1 | 03/19/2025 |
| <input type="checkbox"/> | | 21-00531746 | Termination | 12/01/2021 10:33 AM | 1 | n/a |

Debtor HIGH PLAINS RADIO NETWORK, L.L.C. 3218 QUINCY ST
PLAINVIEW, TX, 79072

Secured Party FINANCIAL AGENT SERVICES P.O. BOX 2576
SPRINGFIELD, IL, 62708

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|------|---------------|---------------------|---------------------|-------|------------|
| <input type="checkbox"/> | | 20-0021729184 | Financing Statement | 06/01/2020 01:52 PM | 1 | 06/02/2025 |

Debtor HIGH PLAINS RADIO NETWORK LLC PO BOX 1478
PLAINVIEW, TX, 79073-1478

Secured Party FIRST STATE BANK PO BOX 471
ATHENS, TX, 75751

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|------|---------------|---------------------|---------------------|-------|------------|
| <input type="checkbox"/> | | 20-0036016290 | Financing Statement | 07/16/2020 07:29 PM | 1 | 07/16/2025 |

Debtor HIGH PLAINS RADIO NETWORK, LLC 3218 QUINCY STREET
PLAINVIEW, TX, 79072

Secured Party U.S. SMALL BUSINESS ADMINISTRATION 1545 HAWKINS BLVD, SUITE 202
EL PASO, TX, 79925

Records 1 to 10 of 26 scroll

Next >>

OR proceed to page

of 4 pages

GO

Select All Filings: ☐

Order Selected Filings

Order Certificate

New Search

Instructions:

Press 'New Search' if you wish to perform another web inquiry.

EXHIBIT H002 - PAGE 2

- Press 'Previous' or 'Next' to scroll through the results of this inquiry.
- Enter the page number and click 'GO' button to view the desired page.
- Press 'Order Search Certificate' if you wish to order a search certificate with the parameters entered for this web inquiry.
- If you wish to order only selected filings for this debtor, check by the filings and press 'Order Selected Filings'.
- Checked filings will be retained from page to page as you scroll through the results of this inquiry.
- If an order for a search certificate or selected filings is placed against this web inquiry, the web inquiry fee will be waived.
- Check 'Select All Filings' and press 'Order Selected Filings' if you wish to order copies of all filings and full filing history for the results of this web inquiry.
- To view a particular filing document, click on the image under 'View' for the desired document.

TEXAS SECRETARY of STATE
JANE NELSON

Debtor Name Search

This debtor name search was performed on **03/05/2024 02:49 PM** with the following search parameters:
DEBTOR NAME: HIGH PLAINS RADIO NETWORK
CITY: [Not Specified]

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|---|---|----------------------------|---|--------------|-------------------|
| <input type="checkbox"/> |  | 20-0044757968 | Financing Statement | 08/25/2020 08:36 AM | 1 | 08/25/2025 |
| Debtor | | HIGH PLAINS RADIO NETWORK, L.L.C. | | PO BOX 1478 PLAINVIEW, TX, 79073 | | |
| Secured Party | | C T CORPORATION SYSTEM, AS REPRESENTATIVE | | 330 N BRAND BLVD, SUITE 700, ATTN: SPRS GLENDALE, CA, 91203 | | |

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|---|-----------------------------------|----------------------------|---|--------------|-------------------|
| <input type="checkbox"/> |  | 20-0045702555 | Financing Statement | 08/31/2020 11:42 AM | 1 | 09/02/2025 |
| Debtor | | HIGH PLAINS RADIO NETWORK, L.L.C. | | 2651 CO RD 191 LITTLEFIELD, TX, 79339 | | |
| Secured Party | | HITACHI CAPITAL AMERICA CORP. | | 7808 CREEKRIDGE CIRCLE, STE 250 EDINA, MN, 55439 | | |

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|---|-----------------------------------|----------------------------|---|--------------|-------------------|
| <input type="checkbox"/> |  | 21-0050185870 | Financing Statement | 11/10/2021 07:02 PM | 1 | 11/11/2026 |
| Debtor | | HIGH PLAINS RADIO NETWORK, L.L.C. | | 3218 QUINCY ST PLAINVIEW, TX, 79072-1906 | | |
| Secured Party | | U.S. BANK EQUIPMENT FINANCE | | 1310 MADRID STREET MARSHALL, MN, 56258 | | |

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|---|---|----------------------------|---|--------------|-------------------|
| <input type="checkbox"/> |  | 21-0052429500 | Financing Statement | 11/24/2021 02:57 PM | 1 | 11/24/2026 |
| Debtor | | HIGH PLAINS RADIO NETWORK, L.L.C. | | 2300 COUNTRY RD 40 PLAINVIEW, TX, 79072 | | |
| Secured Party | | C T CORPORATION SYSTEM, AS REPRESENTATIVE | | 330 N BRAND BLVD, SUITE 700, ATTN: SPRS GLENDALE, CA, 91203 | | |

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|---|---|----------------------------|---|--------------|-------------------|
| <input type="checkbox"/> |  | 21-0053543376 | Financing Statement | 11/29/2021 05:00 PM | 2 | 11/29/2026 |
| Debtor | | HIGH PLAINS RADIO NETWORK, L.L.C. | | 725 FM 2013 FRIONA, TX, 79035 | | |
| Secured Party | | C T CORPORATION SYSTEM, AS REPRESENTATIVE | | 330 N BRAND BLVD, SUITE 700; ATTN: SPRS GLENDALE, CA, 91203 | | |

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|---|----------------------|----------------------------|----------------------------|--------------|-------------------|
| <input type="checkbox"/> |  | 21-0053337519 | Financing Statement | 12/01/2021 03:15 PM | 1 | 12/01/2026 |

Debtor HIGH PLAINS RADIO NETWORK, L.L.C. PO BOX 1478
PLAINVIEW, TX, 79073-1478

Secured Party CORPORATION SERVICE COMPANY, AS REPRESENTATIVE PO BOX 2576
UCCSPREP@CSCINFO.COM
SPRINGFIELD, IL, 62708

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|------|---------------|---------------------|---------------------|-------|------------|
| <input type="checkbox"/> | | 21-0058331679 | Financing Statement | 12/28/2021 05:00 PM | 2 | 12/28/2026 |

Debtor HIGH PLAINS RADIO NETWORK, L.L.C. 2300 COUNTRY ROAD 40
PLAINVIEW, TX, 79072

Secured Party BLUE BRIDGE FINANCIAL, LLC 11921 FREEDOM DR. SUITE
1130
RESTON, VA, 20190

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|------|---------------|---------------------|---------------------|-------|------------|
| <input type="checkbox"/> | | 22-0009168432 | Financing Statement | 02/24/2022 06:39 AM | 1 | 02/24/2027 |

Debtor HIGH PLAINS RADIO NETWORK, L.L.C. PO BOX 1478
PLAINVIEW, TX, 79073

Secured Party MERIDIAN EQUIPMENT FINANCE LLC 9 OLD LINCOLN HIGHWAY
MALVERN, PA, 19355

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|------|---------------|---------------------|---------------------|-------|------------|
| <input type="checkbox"/> | | 22-0010082055 | Financing Statement | 02/27/2022 09:39 PM | 2 | 03/01/2027 |

Debtor HIGH PLAINS RADIO NETWORK, L.L.C. PO BOX 1478
PLAINVIEW, TX, 79073

Secured Party CORPORATION SERVICE COMPANY, AS REPRESENTATIVE PO BOX 2576
UCCSPREP@CSCINFO.COM
SPRINGFIELD, IL, 62708

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|------|---------------|---------------------|---------------------|-------|------------|
| <input type="checkbox"/> | | 22-0011706382 | Financing Statement | 03/09/2022 08:30 AM | 1 | 03/09/2027 |

Debtor HIGH PLAINS RADIO NETWORK, L.L.C. 808 MAIN STREET
ALTUS, OK, 73522

Secured Party AILCO EQUIPMENT FINANCE GROUP, INC. W222N833 CHEANEY
ROAD
WAUKESHA, WI, 53186

Records 11 to 20 of 26 scroll OR proceed to page of 4 pages

Select All Filings: ☐

Instructions:

- Press 'New Search' if you wish to perform another web inquiry.
- Press 'Previous' or 'Next' to scroll through the results of this inquiry.
- Enter the page number and click 'GO' button to view the desired page.
- Press 'Order Search Certificate' if you wish to order a search certificate with the parameters entered for this web inquiry.
- If you wish to order only selected filings for this debtor, check by the filings and press 'Order Selected Filings'.
- Checked filings will be retained from page to page as you scroll through the results of this inquiry.
- If an order for a search certificate or selected filings is placed against this web inquiry, the web inquiry fee will be waived.
- Check 'Select All Filings' and press 'Order Selected Filings' if you wish to order copies of all filings and full filing history for

TEXAS SECRETARY of STATE
JANE NELSON

Debtor Name Search

This debtor name search was performed on 03/05/2024 02:49 PM with the following search parameters:
DEBTOR NAME: HIGH PLAINS RADIO NETWORK
CITY: [Not Specified]

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|-------------|--|---------------------|---|--------------|-------------------|
| <input type="checkbox"/> | | 22-0013152440 | Financing Statement | 03/16/2022 09:59 AM | 1 | 03/16/2027 |
| Debtor | | HIGH PLAINS RADIO NETWORK, L.L.C. | | PO BOX 1478 PLAINVIEW, TX, 79073 | | |
| Secured Party | | CORPORATION SERVICE COMPANY, AS REPRESENTATIVE | | PO BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, IL, 62708 | | |

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|-------------|-----------------------------------|---------------------|---|--------------|-------------------|
| <input type="checkbox"/> | | 22-0014189754 | Financing Statement | 03/22/2022 05:00 PM | 2 | 03/22/2027 |
| Debtor | | HIGH PLAINS RADIO NETWORK, L.L.C. | | 207 WEST GRAND AVENUE FREDERICK, OK, 73542 | | |
| Secured Party | | MARLIN LEASING CORP | | 300 FELLOWSHIP RD MOUNT LAUREL, NJ, 08054 | | |

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|-------------|--|---------------------|---|--------------|-------------------|
| <input type="checkbox"/> | | 22-0044368019 | Financing Statement | 09/08/2022 10:47 AM | 1 | 09/08/2027 |
| Debtor | | HIGH PLAINS RADIO NETWORK, L.L.C. | | PO BOX 1478 PLAINVIEW, TX, 79073 | | |
| Secured Party | | CORPORATION SERVICE COMPANY, AS REPRESENTATIVE | | PO BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, IL, 62708 | | |

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|-------------|-----------------------------------|---------------------|---|--------------|-------------------|
| <input type="checkbox"/> | | 23-0020445070 | Financing Statement | 05/10/2023 08:30 AM | 1 | 05/10/2028 |
| Debtor | | HIGH PLAINS RADIO NETWORK, L.L.C. | | 3218 QUINCY ST PLAINVIEW, TX, 79072 | | |
| Secured Party | | CHANNEL PARTNERS CAPITAL | | 11100 WAYZATA BLVD MINNETONKA, MN, 55305 | | |

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|-------------|--|---------------------|---|--------------|-------------------|
| <input type="checkbox"/> | | 24-0003254767 | Financing Statement | 01/24/2024 02:57 PM | 2 | 01/23/2029 |
| Debtor | | HIGH PLAINS RADIO NETWORK, L.L.C. | | 3218 QUINCY PLAINVIEW, TX, 79072 | | |
| Debtor | | ZULA COM, LLC | | 205 SOUTH 25 MILE AVENUE HEREFORD, TX, 79045 | | |
| Debtor | | SPEARMAN LAND AND DEVELOPMENT LLC | | PO BOX 1478 PLAINVIEW, TX, 79073 | | |
| Secured Party | | CORPORATION SERVICE COMPANY, AS REPRESENTATIVE | | P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, IL, 62708 | | |

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|---|---------------|---------------------|---------------------|-------|------------|
| <input type="checkbox"/> |  | 24-0012016773 | Financing Statement | 02/14/2024 05:08 PM | 5 | 02/13/2029 |

| | | |
|---------------|--|---|
| Debtor | HIGH PLAINS RADIO NETWORK, LLC | 3218 QUINCY ST PO BOX 1478 PLAINVIEW, TX, 79073 |
| Debtor | PROFIT PROGRAMMING OF NORTHERN TEXAS, LLC | PO BOX 1928 LYONS,, CO, 80540 |
| Debtor | PROFIT PROGRAMMING, LLC | P.O. BOX 2690 ESTES PARK, CO, 80517 |
| Debtor | HIGH PLAINS RADIO NETWORK, L.L.C. | PO BOX 1478 PLAINVIEW, TX, 79073 |
| Debtor | SPEARMAN LAND AND DEVELOPMENT LLC | PO BOX 1478 PLAINVIEW, TX, 79073 |
| Debtor | MK, INC. | P.O. BOX 2690 ESTES PARK, CO, 80517 |
| Debtor | SPEARMAN PROPERTIES, LLC | P.O. BOX 2690 ESTES PARK, CO, 80517 |
| Debtor | SPEARMAN COMPANY | P.O. BOX 2690 ESTES PARK, CO, 80517 |
| Debtor | ZULA COM, LLC | PO BOX 1655 HEREFORD, TX, 79045 |
| Debtor | HIGH PLAINS RADIO NETWORK LLC | 223 RUSSELL ST MOUNTAIN HOME, AR, 72653 |
| Debtor | SPEARMAN LIVESTOCK, LLC, | P.O. BOX 2690 ESTES PARK, CO, 80517 |
| Debtor | PROFIT PROGRAMMING MRB, LLC | P.O. BOX 2690 ESTES PARK,, CO, 80517 |
| Debtor | PROFIT PROGRAMMING OF NORTHERN NEVADA, LLC | P.O. BOX 2690 ESTES PARK, CO, 80517 |
| Debtor | PROFIT PROGRAMMING OF FARGO, LLC | P.O. BOX 2690 ESTES PARK, CO, 80517 |
| Debtor | HIGH PLAINS RADIO NETWORK LLC | 808 N. MAIN ST., ALTUS, OK, 73521 |
| Debtor | HIGH PLAINS RADIO NETWORK LLC | 223 RUSSELL ST MOUNTAIN HOME, AR, 72653 |
| Debtor | MONTE LEE SPEARMAN | 4837 SILVERWOOD DRIVE JOHNSTOWN, CO, 80534 |
| Secured Party | C T CORPORATION SYSTEM, AS REPRESENTATIVE | 330 N BRAND BLVD, SUITE 700; ATTN: SPRS GLENDALE, CA, 91203 |

Records 21 to 26 of 26 scroll OR proceed to page of 4 pages

Select All Filings: ☐

Instructions:

- Press 'New Search' if you wish to perform another web inquiry.
- Press 'Previous' or 'Next' to scroll through the results of this inquiry.
- Enter the page number and click 'GO' button to view the desired page.
- Press 'Order Search Certificate' if you wish to order a search certificate with the parameters entered for this web inquiry.
- If you wish to order only selected filings for this debtor, check by the filings and press 'Order Selected Filings'.
- Checked filings will be retained from page to page as you scroll through the results of this inquiry.
- If an order for a search certificate or selected filings is placed against this web inquiry, the web inquiry fee will be waived.
- Check 'Select All Filings' and press 'Order Selected Filings' if you wish to order copies of all filings and full filing history for the results of this web inquiry.
- To view a particular filing document, click on the image under 'View' for the desired document.

EXHIBIT H002 - PAGE 8

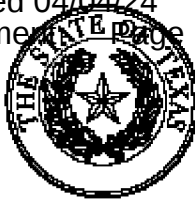
EXHIBIT H003

EXHIBIT H003

| Operations Budget | Altus | Month % | Operations Budget | Hereford | Month % | Operations Budget | Palestine | Month % | Operations Budget | Helena | Month % |
|---|---------|---------|---|-------------|---------|---|-------------|---------|---|-------------|---------|
| 1 Office - 4 FM Stations | SW Okla | Line | 1 Office - 4 FM & 1 AM Stations | West Texas | Line | 1 Office - 2 FM & 3 AM Stations | East Texas | Line | 1 Office - 3 FM | KJMT - KFFA | Line |
| Type of Expense | 4 FM | Item | Type of Expense | 4 FM - 1 AM | Item | Type of Expense | 2 FM - 3 AM | Item | Type of Expense | WDMS 3 FM | Item |
| KYEB - KVWC Tower Lease - Titan Systems | 1,200 | 3.2% | KKYN & KRIA Tower Lease - Lift Systems | 700 | 1.9% | KYYK Tower Lease - American | 1,600 | 2.9% | KFFA Tower Rent - Titan Tower All Exp | 1,200 | 3.2% |
| | 0 | 0.0% | KGRW Tower Lease - City of Friona | 500 | 1.3% | KWRD Tower Lease - Titan | 700 | 1.3% | Mtn. Home Tower & Office Lease | 600 | 1.6% |
| | 0 | 0.0% | KNNK Tower Lease - South Plains Corn | 750 | 2.0% | KCKL & KLVQ Tower Lease - Titan | 1,500 | 2.7% | | 0 | 0.0% |
| KYEB - KVWC Tower Electric - TXU | 800 | 2.1% | KKYN & KRIA Tower Electric - Swisher Elec. | 500 | 1.3% | KYYK & KNET Utility - Reliant | 300 | 0.5% | | 0 | 0.0% |
| | 0 | 0.0% | KZZN Tower Electric - Xcel | 300 | 0.8% | KCKL & KLVQ Utility - TXU | 500 | 0.9% | | 0 | 0.0% |
| | 0 | 0.0% | | 0 | 0.0% | Office Apartment Expense | 1,000 | 1.8% | | 0 | 0.0% |
| Office Int-Phones - Bluepeak | 300 | 0.8% | | 0 | 0.0% | Office Int-Phones - Optimum & Etex & BrtSpd | 900 | 1.6% | Office Int-Phones - Optimum | 900 | 2.4% |
| Equipment Insurance - Liberty Mutual | 1,200 | 3.2% | Equipment Insurance - Liberty Mutual | 1,500 | 4.0% | Equipment Insurance - Liberty Mutual | 1,500 | 2.7% | Property & Equipment Ins GNVL - SouthGroup | 900 | 2.4% |
| Internet Feed Service - SecureNet | 100 | 0.3% | Internet Feed Service - SecureNet | 100 | 0.3% | Internet Feed Service - SecureNet | 100 | 0.2% | Internet Feed Service - SecureNet | 100 | 0.3% |
| Natural Gas - Summit | 100 | 0.3% | Natural Gas - Atmos | 100 | 0.3% | Natural Gas - None | 0 | 0.0% | Natural Gas - Black Hills Gas | 100 | 0.3% |
| Office Electric - Altus | 500 | 1.3% | Office Electric - Xcel | 300 | 0.8% | Office Electric - Reliant & SWEPC | 1,000 | 1.8% | Office Electric - NAEC - Entergy - Entergy | 1,400 | 3.8% |
| Office Water - Trash - Sewer - Altus | 100 | 0.3% | Office Water - Trash - Sewer - Hereford | 120 | 0.3% | Office Water - Trash - Sewer | 200 | 0.4% | Office Water - Trash - Sewer - Helena & GNVL | 160 | 0.4% |
| Office Lease | 2,500 | 6.7% | Office Lease | 2,500 | 6.7% | Office Lease - 2 Offices | 5,000 | 9.0% | Office Lease | 2,500 | 6.7% |
| Real Property Tax - Altus | 300 | 0.8% | Real Property Tax - Hrfd & Ltfd | 600 | 1.6% | Real Property Tax - Palestine & Henderson | 700 | 1.3% | Real Property Tax - Helena | 300 | 0.8% |
| Personal Property Tax - All Counties | 100 | 0.3% | Personal Property Tax - All Counties | 100 | 0.3% | Personal Property Tax - All Counties | 100 | 0.2% | Personal Property Tax - All Counties | 100 | 0.3% |
| Leases - Utilities - Insurance - Property Tax | 7,200 | 19.3% | Leases - Utilities - Insurance - Property Tax | 8,070 | 21.6% | Leases - Utilities - Insurance - Property Tax | 15,100 | 27.3% | Leases - Utilities - Insurance - Property Tax | 8,260 | 22.1% |
| Cell Services - \$80 Per Station - Verizon | 320 | 0.9% | Cell Services - \$80 Per Station - Verizon | 400 | 1.1% | Cell Services - \$80 Per Station - Verizon | 400 | 0.7% | Cell Services - \$80 Per Station - Verizon | 240 | 0.6% |
| Programming & Automation - Arrakis Adobe | 100 | 0.3% | Programming & Automation - Arrakis Adobe | 100 | 0.3% | Programming & Automation - Arrakis Adobe | 100 | 0.2% | Programming & Automation - Arrakis Adobe | 300 | 0.8% |
| Sales & Sports Travel - \$80 Per Station | 320 | 0.9% | Sales & Sports Travel - \$80 Per Station | 400 | 1.1% | Sales & Sports Travel - \$80 Per Station | 400 | 0.7% | Sales & Sports Travel - \$80 Per Station | 240 | 0.6% |
| FCC Annual Fees - FM \$2400 | 800 | 2.1% | FCC Annual Fees - FM \$2400 - AM \$600 | 850 | 2.3% | FCC Annual Fees - FM \$2400 - AM \$600 | 550 | 1.0% | FCC Annual Fees - FM \$2400 | 600 | 1.6% |
| Royalties - ASCAP @ \$160 Ea. | 640 | 1.7% | Royalties - ASCAP @ \$160 Ea. | 800 | 2.1% | Royalties - ASCAP @ \$160 Ea. | 800 | 1.4% | Royalties - ASCAP @ \$160 Ea. | 480 | 1.3% |
| BMI @ \$160 Ea. | 640 | 1.7% | BMI @ \$160 Ea. | 800 | 2.1% | BMI @ \$160 Ea. | 800 | 1.4% | BMI @ \$160 Ea. | 480 | 1.3% |
| GMR @ \$25 Ea. | 100 | 0.3% | GMR @ \$25 Ea. | 125 | 0.3% | GMR @ \$25 Ea. | 125 | 0.2% | GMR @ \$25 Ea. | 75 | 0.2% |
| SESAC @ \$25 Ea. | 100 | 0.3% | SESAC @ \$25 Ea. | 125 | 0.3% | SESAC @ \$25 Ea. | 125 | 0.2% | SESAC @ \$25 Ea. | 75 | 0.2% |
| Sound Exchange @ \$100 Each Feed | 200 | 0.5% | Sound Exchange @ \$100 Each Feed | 200 | 0.5% | Sound Exchange @ \$100 Each Feed | 200 | 0.4% | Sound Exchange @ \$100 Each Feed | 300 | 0.8% |
| Programming - Travel - Broadcast - Royalties | 3,220 | 8.6% | Programming - Travel - Broadcast - Royalties | 3,800 | 10.2% | Programming - Travel - Broadcast - Royalties | 3,500 | 6.3% | Programming - Travel - Broadcast - Royalties | 2,790 | 7.5% |
| Sports Mgr - Kathy | 800 | 2.1% | Sports Mgr - Johnny | 1,000 | 2.7% | Sports Mgr - Paul | 1,200 | 2.2% | MS Prod Talent - Scott - Mtn Hm | 1,500 | 4.0% |
| Production Affidavits & FCC Quarterly - Jacob | 300 | 0.8% | MS Prod Talent - Chris - Plainview | 1,000 | 2.7% | MS Prod Talent - Stephanie - Athens | 2,500 | 4.5% | MS Prod Talent - Leon - Helena | 1,500 | 4.0% |
| MS Prod Talent - Cal - Altus | 2,000 | 5.4% | MS Prod Talent - Jeri - Hereford | 1,000 | 2.7% | MS Prod Talent - Mark - Henderson | 1,250 | 2.3% | MS Prod Talent - Johnny - Greenville | 1,000 | 2.7% |
| | 0 | 0.0% | | 0 | 0.0% | MS Prod Talent - Kat - Palestine | 2,500 | 4.5% | | 0 | 0.0% |
| Sports Ancers @ \$100 Per Mth Per Station | 400 | 1.1% | Sports Ancers @ \$200 Per Mth Per Station | 1,000 | 2.7% | Sports Ancers @ \$200 Per Mth Per Station | 1,000 | 1.8% | Sports Ancers @ \$200 Per Mth Per Station | 600 | 1.6% |
| Office & Traffic Mgr - Tracie | 1,750 | 4.7% | Office & Traffic Mgr - Tracie | 1,750 | 4.7% | Office & Traffic Mgr - Tasha | 1,750 | 3.2% | Office & Traffic Mgr - Tasha | 1,750 | 4.7% |
| Sales Mgr Local - Trudy | 1,500 | 4.0% | Sales Mgr Local - Jeri | 1,000 | 2.7% | Sales Mgr Local - Stephanie - Athens | 3,000 | 5.4% | Sales Mgr Local - Johnny - Greenville | 2,000 | 5.4% |
| Sales Rep #1 Altus - Niki | 500 | 1.3% | Sales Rep #1 Hereford - | 500 | 1.3% | Sales Mgr Local - Kenny - Henderson | 2,000 | 3.6% | Sales Mgr Local - Deward - Helena | 1,000 | 2.7% |
| Sales Rep #2 Frederick - Jennifer | 500 | 1.3% | Sales Rep #2 Friona - | 500 | 1.3% | Sales Mgr Local - Thor - Palestine | 1,000 | 1.8% | Sales Mgr Local - | 1,000 | 2.7% |
| Sales Rep #3 Vernon - | 500 | 1.3% | Sales Rep #3 Littlefield - | 500 | 1.3% | Sales Rep #1 - | 500 | 0.9% | | 0 | 0.0% |
| | 0 | 0.0% | | 0 | 0.0% | Sales Rep #2 - Erminia - Henderson | 500 | 0.9% | | 0 | 0.0% |
| | 0 | 0.0% | | 0 | 0.0% | Sales Rep #3 - | 500 | 0.9% | | 0 | 0.0% |
| Engineering - Mike | 750 | 2.0% | Engineering - Mike | 750 | 2.0% | Engineering - Mike | 750 | 1.4% | Engineering - Mike | 750 | 2.0% |
| Agency Sales Mgr. - Tiffany | 1,000 | 2.7% | Agency Sales Mgr. - Tiffany | 1,000 | 2.7% | Agency Sales Mgr. - Tiffany | 1,000 | 1.8% | Agency Sales Mgr. - Tiffany | 1,000 | 2.7% |
| Property Maint. - Gentry | 1,000 | 2.7% | Property Maint. - Gentry | 1,000 | 2.7% | Property Maint. - Gentry | 1,000 | 1.8% | Property Maint. - Gentry | 1,000 | 2.7% |
| Promotions Mgr. - Kristi | 500 | 1.3% | Promotions Mgr. - Kristi | 500 | 1.3% | Promotions Mgr. - Kristi | 500 | 0.9% | Promotions Mgr. - Kristi | 500 | 1.3% |
| Gen. Sales Mgr. - Monte | 1,000 | 2.7% | Gen. Sales Mgr. - Monte | 1,000 | 2.7% | Gen. Sales Mgr. - Monte | 1,000 | 1.8% | Gen. Sales Mgr. - Monte | 1,000 | 2.7% |
| Employee Tax Match 10% | 1,250 | 3.3% | Employee Tax Match 10% | 1,250 | 3.3% | Employee Tax Match 10% | 2,195 | 4.0% | Employee Tax Match 10% | 1,460 | 3.9% |
| Payroll | 13,750 | 36.8% | Payroll | 13,750 | 36.8% | Payroll | 24,145 | 43.6% | Payroll | 16,060 | 43.0% |
| Corporate Expenses | 1,250 | 3.3% | Corporate Expenses | 1,250 | 3.3% | Corporate Expenses | 1,250 | 2.3% | Corporate Expenses | 1,250 | 3.3% |
| Fees - Misc. - Other - ROUND OFF | 5,680 | 15.2% | Fees - Misc. - Other - ROUND OFF | 4,230 | 11.3% | Fees - Misc. - Other - ROUND OFF | 2,105 | 3.8% | Fees - Misc. - Other - ROUND OFF | 2,740 | 7.3% |
| Monthly Total | 31,100 | 100.0% | Monthly Total | 31,100 | 100.0% | Monthly Total | 46,100 | 100.0% | Monthly Total | 31,100 | 100.0% |
| Commissions Added at 20% of the Monthly Total | 6,220 | 16.7% | Commissions Added at 20% of the Monthly Total | 6,220 | 16.7% | Commissions Added at 20% of the Monthly Total | 9,220 | 16.7% | Commissions Added at 20% of the Monthly Total | 6,220 | 16.7% |
| Combined Monthly Total | 37,320 | | Combined Monthly Total | 37,320 | | Combined Monthly Total | 55,320 | | Combined Monthly Total | 37,320 | |
| Combined Annual Total | 447,840 | | Combined Annual Total | 447,840 | | Combined Annual Total | 663,840 | | Combined Annual Total | 447,840 | |

| | |
|--|-----------|
| All Stations - Combined Monthly Total OPEX | 167,280 |
| | |
| All Stations - Annual Total OPEX | 2,007,360 |
| | |

C:\Users\jcaruth\ND Office Echo\VAULT-C95L7ZTY\HPRN OPEX Updated MLS 032624 Sent to JC 040124 4876-1947-6659 v.1.xlsx|Mthly Operating Expenses 032624



Jane Nelson
Secretary of State

EXHIBIT H004

Office of the Secretary of State

Texas UNIFORM COMMERCIAL CODE Copy Acknowledgment

March 27, 2024
Page 1 of 2

Document Number: 1348272640003

Images printed on March 26, 2024

The Texas Secretary of State's Office has received and processed your request.

| <u>Filing Number</u> | <u>Filing Type</u> | <u>Page Count</u> |
|----------------------|---------------------|-------------------|
| 24-0021545386 | Financing Statement | 2 |
| 24-0012016773 | Financing Statement | 5 |
| 24-0003254767 | Financing Statement | 2 |
| 23-0020445070 | Financing Statement | 2 |
| 22-0044368019 | Financing Statement | 1 |
| 22-0014189754 | Financing Statement | 2 |
| 22-0013152440 | Financing Statement | 1 |
| 22-0011706382 | Financing Statement | 1 |
| 22-0010082055 | Financing Statement | 2 |
| 22-0009168432 | Financing Statement | 1 |
| 21-0058331679 | Financing Statement | 2 |
| 21-0053543376 | Financing Statement | 2 |
| 21-0053337519 | Financing Statement | 1 |
| 21-0052429500 | Financing Statement | 1 |
| 21-0050185870 | Financing Statement | 1 |
| 20-0045702555 | Financing Statement | 1 |
| 20-0044757968 | Financing Statement | 1 |
| 20-0036016290 | Financing Statement | 1 |
| 20-0021729184 | Financing Statement | 1 |
| 20-0010752522 | Financing Statement | 2 |
| 19-0045700985 | Financing Statement | 3 |
| 19-0044608678 | Financing Statement | 1 |
| 19-0043956542 | Financing Statement | 2 |
| 19-0032986715 | Financing Statement | 2 |
| 19-0007245725 | Financing Statement | 1 |
| 19-0003855728 | Financing Statement | 1 |
| 18-0038630584 | Financing Statement | 2 |

Total Pages: 44

Thank you for allowing us to assist you with your request.

WEBSUBSCRIBER

FOLLOW INSTRUCTIONS

| |
|---|
| A. NAME & PHONE OF CONTACT AT REQUESTOR (optional) Weycer, Kaplan, Pulaski & Zuber, PC 7139619045 |
| B. E-MAIL CONTACT AT FILER (optional) jcarruth@wkpz.com |
| C. RETURN TO: (Name and Address) Weycer, Kaplan, Pulaski & Zuber, PC 24 Greenway Plaza Ste 2050 Houston, TX 77046-1104 USA |

DOCUMENT NUMBER: 1348272640003
ORDER DATE: 03/26/2024 10:18 PM
IMAGE GENERATED ELECTRONICALLY FOR WEB ORDER
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | |
|-----|---|---------------------------------|---|--------|
| 1. | DEBTOR'S NAME to be searched: Provide only <u>one</u> Debtor name (1a or 1b) (use exact full name; do not omit, modify or abbreviate any part of the Debtor's name) | | | |
| OR | 1a. ORGANIZATION'S NAME | | | |
| | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2. | INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include the Debtor name identified in item 1: | | | |
| 2a. | <input type="checkbox"/> LISTING RELATING TO DEBTOR AT SPECIFIED CITY AND STATE ONLY - Filing office requested to furnish a search report listing all financing statements, related records, and other notices on file in filing office that include the Debtor's name identified in item 1 and show that Debtor's address in the city, state, and country indicated here: | | | |
| | CITY | STATE | COUNTRY | |
| 2b. | <input type="checkbox"/> INFORMATION REQUEST RESPONSE WITH FULL COPIES (CERTIFIED) - Filing office requested to furnish a search report listing all financing statements, related records, and other notices, showing date and time of filing and name and address of each Secured Party named therein, and also furnish an exact CERTIFIED COPY of ALL reported records (including all attachments) | | | |
| 2c. | <input type="checkbox"/> INFORMATION REQUEST RESPONSE WITHOUT COPIES - Filing office requested to furnish a search report (as described in 2b) listing all reported records, but to furnish NO COPIES of reported records | | | |
| 2d. | <input type="checkbox"/> INFORMATION REQUEST RESPONSE WITH PARTIAL COPIES (CERTIFIED) - Filing office requested to furnish a search report (as described in 2b) and also to furnish an exact CERTIFIED COPY of the FIRST PAGE ONLY of all reported records | | | |
| 3. | <input checked="" type="checkbox"/> SPECIFIED COPIES ONLY - Filing office requested to furnish an exact copy of each page of the financing statements, related records, and other notices (including all attachments) that are identified below by record number. Certain filing offices require additional identifying information - please complete if required | | | |
| | <input type="checkbox"/> CERTIFIED COPY REQUEST - Filing office requested to furnish CERTIFIED copies per request indicated in this item 3 | | | |
| | Record Number | Date Record Filed (if required) | Type of Record and Additional Identifying Information (if required) | |
| | 18-0038630584 | | | |
| | 19-0003855728 | | | |
| | 19-0007245725 | | | |
| | 19-0032986715 | | | |
| | 19-0043956542 | | | |
| | 19-0044608678 | | | |
| | 19-0045700985 | | | |
| | 20-0010752522 | | | |
| | 20-0021729184 | | | |
| 4. | <input type="checkbox"/> LISTING RELATING TO SECURED PARTY - Filing office requested to furnish a search report listing all financing statements, related records, and other notices (regardless of Debtor name) on file in filing office that include the Secured Party's name identified in item 4a or 4b. If a specified city, state, and country is being requested (optional), show that Secured Party's address in item 4c | | | |
| OR | 4a. ORGANIZATION'S NAME | | | |
| | 4b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | 4c. CITY | STATE | COUNTRY | |
| 5. | DELIVERY INSTRUCTIONS (request will be filled by mail to address shown in item C unless otherwise instructed here): | | | |
| | 5a. <input type="checkbox"/> FAX Delivery - Filing office requested to fax results of this Information Request to fax number indicated <u>here</u> : | | | |
| | 5b. <input type="checkbox"/> Pick Up | | | |
| | 5c. <input type="checkbox"/> Other | | | |

PAGE: 2

| | | |
|---------------|---------------|---------------|
| Record Number | Record Number | Record Number |
| 20-0036016290 | 20-0044757968 | 20-0045702555 |
| 21-0050185870 | 21-0052428500 | 21-0053337519 |

EXHIBIT H004 - Page 3

EXHIBIT H004 - Page 4

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

CSC

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company
251 LITTLE FALLS DRIVE
Wilmington, DE 19808
USA

FILING NUMBER: 18-0038630584

FILING DATE: 11/01/2018 10:42 AM

DOCUMENT NUMBER: 846915490001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

HIGH PLAINS RADIO NETWORK, L.L.C.

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3218 Quincy St

Plainview

TX

79072

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

FINANCIAL AGENT SERVICES

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

P.O. Box 2576

Springfield

IL

62708

USA

4. COLLATERAL: This financing statement covers the following collateral:

"Accounts, chattel paper, general intangibles, and instruments. Secured Party has purchased future receivables and/or sale proceeds from Debtor. The sale of the future receivables and/or sale proceeds of the Debtor is intended to be a sale and not an assignment for security. Debtor is prohibited from incurring any debt, transferring future receivables or sale proceeds to any other person or granting any security interests in its accounts receivable or other assets until Secured Party has received all amounts due under this Agreement." The secured party named in this record is acting in a representative capacity for purposes of forwarding notices & inquiries regarding this record. For more information, please contact the secured party at the address listed above or at [UCCSPREP@CSCINFO.COM].

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☒ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

[154368502]

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

First State Bank 903 675-5165

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

First State Bank
P.O. BOX 471
130 EAST CORSICANA STREET
Athens, TX 75751
USA

FILING NUMBER: 19-0003855728

FILING DATE: 02/01/2019 09:30 AM

DOCUMENT NUMBER: 865451290002

FILED: Texas Secretary of State

**IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

HIGH PLAINS RADIO NETWORK LLC

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

3218 QUINCEY

CITY

PLAINVIEW

STATE

TX

POSTAL CODE

79072

COUNTRY

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

SPEARMAN

MONTE

LEE

2c. MAILING ADDRESS

3218 QUINCEY

CITY

PLAINVIEW

STATE

TX

POSTAL CODE

79072

COUNTRY

USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

FIRST STATE BANK

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

P O BOX 471

CITY

ATHENS

STATE

TX

POSTAL CODE

75751

COUNTRY

USA

4. COLLATERAL: This financing statement covers the following collateral:

ASSIGNMENT OF NOTE RECEIVABLE FROM FOR THE LOVE OF THE GAME BROADCASTING LLC AND
TERRY RAY SLAVENS, INDIVIDUAL DBA KWBY RADIO, DATED OCTOBER 1, 2015 IN THE
PRINCIPAL AMOUNT OF \$450,000.00, PAYABLE TO HIGH PLAINS RADIO NETWORK LLC

ASSIGNMENT OF NOTE RECEIVABLE FROM FOR THE LOVE OF THE GAME BROADCASTING LLC AND
TERRY RAY SLAVENS, INDIVIDUAL DBA KWBY RADIO, DATED JANUARY 1, 2014 IN THE
PRINCIPAL AMOUNT OF \$450,000.00, PAYABLE TO HIGH PLAINS RADIO NETWORK LLC

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

20030840 - MONTE SPEARMAN

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

FIRST STATE BANK - MALAKOFF BRANCH 9034891188

B. E-MAIL CONTACT AT FILER (optional)**C. SEND ACKNOWLEDGMENT TO: (Name and Address)**FIRST STATE BANK - MALAKOFF BRANCH
P O BOX 1089
Malakoff, TX 75148
USA**FILING NUMBER: 19-0007245725****FILING DATE: 02/28/2019 02:27 PM****DOCUMENT NUMBER: 871507720003****FILED: Texas Secretary of State****IMAGE GENERATED ELECTRONICALLY FOR WEB FILING****THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

HIGH PLAINS RADIO NETWORK LLC

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3218 QUINCEY**PLAINVIEW****TX****79072****USA**

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

SPEARMAN**MONTE****LEE**

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3218 QUINCEY**PLAINVIEW****TX****79072****USA**

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

FIRTS STATE BANK, ATHENS

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

P O BOX 471**ATHENS****TX****75751****USA**

4. COLLATERAL: This financing statement covers the following collateral:

Assignment of Note Receivable from For The Love of the Game Broadcasting LLC and Terry Ray Slavens, Individual dba KWBV Radio, dated October 1, 2015 in the principal amount of \$450,000.00, payable to High Plains Radio Network LLC

Assignment of Note Receivable from For The Love of the Game Broadcasting LLC and Terry Ray Slavens, Individual dba KWBV Radio, dated January 1, 2014 in the principal amount of \$450,000.00, payable to High Plains Radio Network LLC

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

CSC

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company
251 LITTLE FALLS DRIVE
Wilmington, DE 19808
USA

FILING NUMBER: 19-00112445

FILING DATE: 03/29/2019 08:32 AM

DOCUMENT NUMBER: 878206090001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

18-0038630584

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and also name of Assignor in item 9.
For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 84. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ **PARTY INFORMATION CHANGE:**Check one of these two boxes. This Change affects ☐ Debtor or ☐ Secured Party of record. AND Check one of these three boxes to:☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b.6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

OR

FINANCIAL AGENT SERVICES

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

CSC

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company
251 LITTLE FALLS DRIVE
Wilmington, DE 19808
USA

FILING NUMBER: 19-0032986715

FILING DATE: 08/29/2019 09:19 AM

DOCUMENT NUMBER: 910210260001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

HIGH PLAINS RADIO NETWORK LLC

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3218 Quincy St

Plainview

TX

79072

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

FINANCIAL AGENT SERVICES

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

P.O. Box 2576

Springfield

IL

62708

USA

4. COLLATERAL: This financing statement covers the following collateral:

"Accounts, chattel paper, general intangibles, and instruments. Secured Party has purchased future receivables and/or sale proceeds from Debtor. The sale of the future receivables and/or sale proceeds of the Debtor is intended to be a sale and not an assignment for security. Debtor is prohibited from incurring any debt, transferring future receivables or sale proceeds to any other person or granting any security interests in its accounts receivable or other assets until Secured Party has received all amounts due under this Agreement." The secured party named in this record is acting in a representative capacity for purposes of forwarding notices & inquiries regarding this record. For more information, please contact the secured party at the address listed above or at [UCCSPREP@CSCINFO.COM].

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☒ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

[169161957]

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

| |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Lien Solutions |
| B. E-MAIL CONTACT AT FILER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Lien Solutions 2929 Allen Parkway, Ste. 100 Houston, TX 77019 USA |

FILING NUMBER: 19-0043956542
FILING DATE: 11/20/2019 03:47 PM
DOCUMENT NUMBER: 928315280001
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|---------------------------|---|--------------------------|---------------------|-------------------------------|--------|
| OR | 1a. ORGANIZATION'S NAME High Plains Radio Network, L.L.C. | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY | |
| 3218 Quincy Street | Plainview | TX | 79073-1906 | USA | |

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|---------------------|-------------------------|--------------------------|---------------------|-------------------------------|--------|
| OR | 2a. ORGANIZATION'S NAME | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY | |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

| | | | | | |
|--|---|--------------------------|---------------------|-------------------------------|--------|
| OR | 3a. ORGANIZATION'S NAME C T Corporation System, as representative | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY | |
| 330 N Brand Blvd, Suite 700; Attn: SPRS | Glendale | CA | 91203 | USA | |

4. COLLATERAL: This financing statement covers the following collateral:
All existing and hereafter arising manufacturing, material handling, healthcare, technology, commercial, and other equipment, goods, assets, hardware, personal property, vehicles, inventory, software, collateral, and other tangible and intangible items leased under, financed under, subject to, or relating to Master Equipment Agreement No. 22064 dated November 15, 2019 between Secured Party (as represented by its agent, CT Corporation System; together herein, "Secured Party"), as amended and supplemented from time to time ("Master Equipment Agreement"), together with all parts, accessories, accessions, modifications, alterations, additions, replacements, exchanges, improvements, and upgrades thereto, and the cash, noncash, insurance, and other proceeds of all of the foregoing (collectively, the "Collateral"). To the extent the Collateral is the subject of a true lease between Secured Party and Debtor, this Financing Statement is filed on an informational and precautionary basis. To the extent the Collateral is the subject of an agreement or arrangement that is not a true lease, Secured Party has and will have all the rights, remedies, and powers of a secured party. Words and phrases used but not defined herein, whether or not capitalized, have the meanings given to them in the Uniform Commercial Code as adopted in the jurisdiction where this Financing Statement is filed.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

Lien Solutions

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**CT Lien Solutions
2929 Allen Parkway, Ste. 100
Houston, TX 77019
USA

FILING NUMBER: 19-0044608678

FILING DATE: 11/25/2019 07:02 PM

DOCUMENT NUMBER: 929125480001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

HIGH PLAINS RADIO NETWORK, L.L.C.

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3218 Quincy St**Plainview****TX****79072-1906****USA**

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

U.S. BANK EQUIPMENT FINANCE

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

1310 MADRID STREET**MARSHALL****MN****56258****USA**

4. COLLATERAL: This financing statement covers the following collateral:

2 AUDIOCARTS ENGINEERING R-55 CONSOLE ; 1 ARRAKIS AUTOMATION BRIDGE DOCKING STATION ; 1 OPTIMOD 5700I ; 1 SAGE DIGITAL ENDEE MODEL 3644 ; 1 MARTI MODEL STL-10 TRANSMITTER ; 1 MOSELEY PLC-6010 STL TRANSMITTER ; 1 HARRIS SX 1 AM TRANSMITTER ; 1 NAUTEL VS 2.5 TRANSMITTER ; 1 BROADCAST ELECTRONICS AM 1A TRANSMITTER ; 1 NAUTEL VS 2.5 TRANSMITTER ; 1 HARRIS HT 7CD TRANSMITTER ; TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES:

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

6b. Check only if applicable and check only one box.

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

| | |
|---|------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 | |
| B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 18855 - BRYN MAWR | |
| Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 72756965 TXTX |
| File with: Secretary of State, TX | |



19-0045700985
12/03/2019 05:00 PM



FILED
TEXAS
SECRETARY OF STATE

SOS



930399000012

N3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|--------------------------|---------------------|-------------------------------|----------------------|
| 1a. ORGANIZATION'S NAME HIGH PLAINS RADIO NETWORK, L.L.C. | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 3218 Quincy Street | | CITY Plainview | STATE TX | POSTAL CODE 79072 |
| | | | COUNTRY USA | |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | COUNTRY USA | |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|--------------------------|---------------------|-------------------------------|----------------------|
| 3a. ORGANIZATION'S NAME BRYN MAWR EQUIPMENT FINANCE, INC. | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 801 Lancaster Avenue | | CITY Bryn Mawr | STATE PA | POSTAL CODE 19010 |
| | | | COUNTRY USA | |

4. COLLATERAL: This financing statement covers the following collateral:

See Attached Schedule A & Schedule Addendum ; "Including all replacements, parts, substitutions, modifications, accessories, additions, attachments, accessions and tools of the debtor now or hereafter installed therein, affixed thereto or used or intended to be used in connection therewith."

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☒ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

72756965

CP

16385RWBM

Bryn Mawr Funding
A DIVISION OF BRYN MAWR TRUST



801 Lancaster Avenue, Bryn Mawr, PA 19010
Toll Free Phone: 866-408-0308 Toll Free Fax: 866-408-2231

Equipment Schedule A-16385 RWB19

To Master Equipment Finance Agreement ("MEFA")# _____ Dated: _____ between Bryn Mawr Equipment Finance, Inc. ("Creditor") and High Plains Radio Network, L.L.C. ("Borrower")

1. Equipment Description:

Quantity, Description (Manufacturer, Model number, etc.)

Serial #

☒ See Attached Equipment Schedule Addendum(s)

2. Supplier/Vendor of Equipment (Name, address, phone, email, contact, etc.)

Process Technologies & Services
10612-D Providence Rd., #716
Charlotte, NC 28277-0233

☐ See Attached Disbursement Authorization - Multiple Suppliers

☐ See Attached Delivery Guarantee and Disbursement Authorization

3. Equipment Location: (Name, address, phone, email, contact, etc.)

High Plains Radio Network, L.L.C.
P.O. Box 1478
Plainview, TX 79073
806-777-8542

4. Payment Commencement Date: _____

Borrower authorizes Creditor to insert the Payment Commencement Date in this document at the time of final disbursement to Supplier.

5. Initial Term of MEFA after completion of the attached Note (if applicable):

Total Number of Payments: 60
Amount of Each Payment: \$1,289.84

6. Note and MEFA will be made Monthly.

7. MEFA Payments/Security Deposit/Other Fees:

| | |
|--|--|
| Advanced Equipment Finance Agreement Payment(s): | <u>\$1,289.84</u> Applied as: <u>First</u> |
| Security Deposit/Other Monies Paid: | <u>\$0.00</u> Applied as: _____ |
| Document Processing Fee: | <u>\$395.00</u> |
| Total Due: | <u>\$1,684.84</u> |

8. Master Equipment Finance Agreement:

All of the terms and conditions of the MEFA are incorporated herein by reference as if such terms and conditions were set forth in this Equipment Schedule.

Borrower

High Plains Radio Network, L.L.C.

By: _____

Name, Title: Monte Spensman, Member

Date: 11-12-19

Accepted: Bryn Mawr Equipment Finance, Inc.

By: _____

Authorized Signer, Title

Date: _____

Bryn Mawr Funding

A DIVISION OF BRYN MAWR TRUST



801 Lancaster Avenue, Bryn Mawr, PA 19010

Toll Free Phone: 866-408-0308 Toll Free Fax: 866-408-2231

Equipment Schedule Addendum

To Master Equipment Finance Agreement (MEFA) # 16385 Rw B.M
Equipment Schedule A-_____ between Bryn Mawr Equipment Finance, Inc., ("Creditor") and High Plains Radio Network, L.L.C. ("Borrower")

Equipment Description (Manufacturer, Model number, Serial number, etc.)

KXYK Transmitter Site
Rural 01 Radio Tower
Gurdon, AR 71743

- (1) Orban 2200 Optimod FM Processor, 20Hz-15kHz, Freq 2.0Hz-15kHz
- (5) Nicom BLK/5, 88-108 MHz, 50ohms, 1-2000W

KVRC Transmitter Site
601 S. 7th St.
Arkadelphia, AR 71923

- (1) Optimod-AM Orban Model 9100A, 50ohms, 50Hz-9.5kHz

KAFN Transmitter Site
600 Neeley St.
Benton, AR 72015

- (1) Nautel VS1 Transmitter, 2.5k W, 2800W, four power amplifiers
- (6) Nicom BLK/5, 88-108 MHz, 50ohms, 1-2000W

Accepted:

Borrower: High Plains Radio Network, L.L.C.

By: [Signature]

Name: Monte Spearman

Title: Member

Date: 11-13-14

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

CSC

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company
251 LITTLE FALLS DRIVE
Wilmington, DE 19808
USA

FILING NUMBER: 20-0010752522

FILING DATE: 03/19/2020 10:26 AM

DOCUMENT NUMBER: 957072450001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

HIGH PLAINS RADIO NETWORK, L.L.C.

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3218 Quincy St

Plainview

TX

79072

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

FINANCIAL AGENT SERVICES

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

P.O. Box 2576

Springfield

IL

62708

USA

4. COLLATERAL: This financing statement covers the following collateral:

"Accounts, chattel paper, general intangibles, and instruments. Secured Party has purchased future receivables and/or sale proceeds from Debtor. The sale of the future receivables and/or sale proceeds of the Debtor is intended to be a sale and not an assignment for security. Debtor is prohibited from incurring any debt, transferring future receivables or sale proceeds to any other person or granting any security interests in its accounts receivable or other assets until Secured Party has received all amounts due under this Agreement." The secured party named in this record is acting in a representative capacity for purposes of forwarding notices & inquiries regarding this record. For more information, please contact the secured party at the address listed above or at [UCCSPREP@CSCINFO.COM].

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☒ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

[179407789]

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

CSC

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company
251 LITTLE FALLS DRIVE
Wilmington, DE 19808
USA

FILING NUMBER: 20-00107566

FILING DATE: 03/19/2020 10:46 AM

DOCUMENT NUMBER: 957079690001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

19-0032986715

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and also name of Assignor in item 9.
For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 84. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ **PARTY INFORMATION CHANGE:**Check one of these two boxes. This Change affects ☐ Debtor or ☐ Secured Party of record. AND Check one of these three boxes to:☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b.6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

OR

FINANCIAL AGENT SERVICES

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

Ashley 9036761900

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

FIRST STATE BANK
P O BOX 471
Athens, TX 75751
USA

FILING NUMBER: 20-0021729184

FILING DATE: 06/01/2020 01:52 PM

DOCUMENT NUMBER: 973558860002

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

High Plains Radio Network LLC

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

PO Box 1478

Plainview

TX

79073-1478

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

First State Bank

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

PO Box 471

Athens

TX

75751

USA

4. COLLATERAL: This financing statement covers the following collateral:

Assignment of notes receivable i/n/o HPRN i/a/o \$679,045 note balance

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

6b. Check only if applicable and check only one box.

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

2600225489

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

CSC

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company
251 LITTLE FALLS DRIVE
Wilmington, DE 19808
USA

FILING NUMBER: 20-0036016290

FILING DATE: 07/16/2020 07:29 PM

DOCUMENT NUMBER: 983668850001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

High Plains Radio Network, LLC

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3218 Quincy Street**Plainview****TX****79072****USA**

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

U.S. Small Business Administration

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

1545 Hawkins Blvd, Suite 202**El Paso****TX****79925****USA**

4. COLLATERAL: This financing statement covers the following collateral:

All tangible and intangible personal property, including, but not limited to:

(a) inventory, (b) equipment, (c) instruments, including promissory notes (d) chattel paper, including tangible chattel paper and electronic chattel paper, (e) documents, (f) letter of credit rights, (g) accounts, including health-care insurance receivables and credit card receivables, (h) deposit accounts, (i) commercial tort claims, (j) general intangibles, including payment intangibles and software and (k) as-extracted collateral as such terms may from time to time be defined in the Uniform Commercial Code. The security interest Borrower grants includes all accessions, attachments, accessories, parts, supplies and replacements for the Collateral, all products, proceeds and collections thereof and all records and data relating thereto. 855727 8005

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

[192793641]

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

| |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Lien Solutions |
| B. E-MAIL CONTACT AT FILER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Lien Solutions 2929 Allen Parkway, Ste. 100 Houston, TX 77019 USA |

FILING NUMBER: 20-0044757968
FILING DATE: 08/25/2020 08:36 AM
DOCUMENT NUMBER: 991994250001
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|---|---------------------|-------------------------------|-----------------------|
| OR | 1a. ORGANIZATION'S NAME HIGH PLAINS RADIO NETWORK, L.L.C. | | | |
| | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS PO BOX 1478 | | | | |
| | CITY PLAINVIEW | STATE TX | POSTAL CODE 79073 | COUNTRY USA |

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---------------------|--------------------------|---------------------|-------------------------------|---------|
| OR | 2a. ORGANIZATION'S NAME | | | |
| | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | | | |
| | CITY | STATE | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|---|---------------------|-------------------------------|-----------------------|
| OR | 3a. ORGANIZATION'S NAME C T Corporation System, as representative | | | |
| | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 330 N Brand Blvd, Suite 700, Attn: SPRS | | | | |
| | CITY Glendale | STATE CA | POSTAL CODE 91203 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
 The equipment, personal property and other assets (collectively, "Property"), financed under, covered by or described in the lease, rental, equipment finance agreement or installment payment agreement designated as Agreement No. 2550304, together with all replacements for, additions to, substitutions for and accessions to the Property and all proceeds of any of the foregoing, including, without limitation, proceeds of insurance. Secured party/lessor and debtor/lessee agree that that a more detailed description of the Property being financed shall be maintained by secured party/lessor among its books and records in whatever more detailed description of the Property financed is received from the supplier of such Property and, absent manifest error, such detailed description shall be deemed dispositive and considered incorporated into the Agreement.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction
 ☐ Manufactured-Home Transaction
 ☐ A Debtor is a Transmitting Utility
 ☐ Agricultural Lien
 ☐ Non-UCC Filing

6b. Check only if applicable and check only one box.

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

Lien Solutions

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**CT Lien Solutions
2929 Allen Parkway, Ste. 100
Houston, TX 77019
USA

FILING NUMBER: 20-0045702555

FILING DATE: 08/31/2020 11:42 AM

DOCUMENT NUMBER: 993176830001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

HIGH PLAINS RADIO NETWORK, L.L.C.

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2651 Co Rd 191

LITTLEFIELD

TX

79339

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

HITACHI CAPITAL AMERICA CORP.

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

7808 Creekridge Circle, Ste 250

Edina

MN

55439

USA

4. COLLATERAL: This financing statement covers the following collateral:
All rights to and interest in the Equipment, together with all proceeds, attachments, accessories, parts, additions and any substitutions thereto, under Equipment Finance Agreement No. 043-5878100-001

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

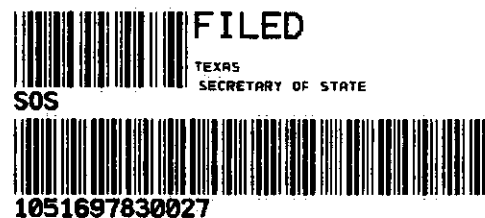


UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 | |
| B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 80462180 TXTX | |
| File with: Secretary of State, TX | |

21-00201202
05/14/2021 05:00 PM



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | |
|---|---|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 190043956542 11/20/2019 SS:TX | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 |
| 2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement | |
| 3. <input checked="" type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 | |
| 4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law | |
| 5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check one of these two boxes: <u>AND</u> Check one of these three boxes to: This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b | |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) | |
| 6a. ORGANIZATION'S NAME | |
| OR | 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) | |
| 7a. ORGANIZATION'S NAME Midland States Bank | |
| OR | 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 7c. MAILING ADDRESS 1801 Park 270 Drive, Suite 200 | CITY St. Louis STATE MO POSTAL CODE 63146 COUNTRY USA |
| 8. <input checked="" type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input checked="" type="checkbox"/> ASSIGN collateral Indicate collateral: All of the equipment and personal property and all modification and additions thereto and replacements and substitutions therefor, in whole or in part including the insurance and proceeds thereof, under Schedule No. 22064-002 to Master Equipment Agreement No. 22064 dated November 15, 2019 between Secured Party and Debtor. | |

| | | | |
|--|--------------------------|---------------------|--------------------------------------|
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor | | | |
| 9a. ORGANIZATION'S NAME C T Corporation System; as representative | | | |
| OR | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: High Plains Radio Network, L.L.C. 80462180 | | | |

EXHIBIT H004 - Page 21

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

Lien Solutions

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**CT Lien Solutions
2929 Allen Parkway, Ste. 3300
Houston, TX 77019
USA

FILING NUMBER: 21-0050185870

FILING DATE: 11/10/2021 07:02 PM

DOCUMENT NUMBER: 1093303830001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

HIGH PLAINS RADIO NETWORK, L.L.C.

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3218 Quincy St**Plainview****TX****79072-1906****USA**

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

U.S. BANK EQUIPMENT FINANCE

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

1310 MADRID STREET**MARSHALL****MN****56258****USA**

4. COLLATERAL: This financing statement covers the following collateral:

1 HARRIS FM 35K WATT TRANSMITTER ; 490 AUDIO FEED LINE HJ8-50B ; 1 PTEK EXCITER ; 1 NAUTEL TRANSMITTER 5-LT ; 1 HARRIS DIGITAL CD EXCITER ; 1 ORBAN 8200 AUDIO PROCESSOR ; 1 TFT 884 FM MODULATION MONITOR ; 1 BIRD RF MONITORING SYSTEM ; TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES:

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

6b. Check only if applicable and check only one box.

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Lien Solutions |
| B. E-MAIL CONTACT AT FILER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Lien Solutions 2929 Allen Parkway, Ste. 3300 Houston, TX 77019 USA |

FILING NUMBER: 21-0052429500
FILING DATE: 11/24/2021 02:57 PM
DOCUMENT NUMBER: 1096864240001
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|--------------------------|--------------------------|-------------------------------|-----------------------------|
| 1a. ORGANIZATION'S NAME HIGH PLAINS RADIO NETWORK, L.L.C. | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 2300 COUNTRY RD 40 | | CITY Plainview | STATE TX | POSTAL CODE 79072 |
| | | | COUNTRY USA | |

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|--------------------------|-------------------------|-------------------------------|-----------------------------|
| 3a. ORGANIZATION'S NAME C T Corporation System, As Representative | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 330 N Brand Blvd, Suite 700, Attn: SPRS | | CITY Glendale | STATE CA | POSTAL CODE 91203 |
| | | | | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
All equipment subject to that certain Agreement Number LA# B382863-000 dated 11/24/2021, between Secured Party as Lessor/Creditor and Debtor as Lessee/Debtor, and subject to any and all existing and future schedules entered into pursuant to and incorporating said Agreement, together with all accessories, parts, attachments and appurtenances appertaining or attached to any of the Equipment, and all substitutions, trade-ins, proceeds, renewals and replacements of, and improvements and accessions to the Equipment. LA# B382863-000

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

CSC

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company
251 LITTLE FALLS DRIVE
Wilmington, DE 19808
USA

FILING NUMBER: 21-00531746

FILING DATE: 12/01/2021 10:33 AM

DOCUMENT NUMBER: 1098241440001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

20-0010752522

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and also name of Assignor in item 9.
For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 84. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ **PARTY INFORMATION CHANGE:**Check one of these two boxes. This Change affects ☐ Debtor or ☐ Secured Party of record. AND Check one of these three boxes to:☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b.6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

OR

FINANCIAL AGENT SERVICES

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

CSC

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company
251 LITTLE FALLS DRIVE
Wilmington, DE 19808
USA

FILING NUMBER: 21-0053337519

FILING DATE: 12/01/2021 03:15 PM

DOCUMENT NUMBER: 1098419890001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

HIGH PLAINS RADIO NETWORK, L.L.C.

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

PO Box 1478

CITY

Plainview

STATE

TX

POSTAL CODE

79073-1478

COUNTRY

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

CORPORATION SERVICE COMPANY, AS REPRESENTATIVE

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

PO BOX 2576

CITY

Springfield

STATE

IL

POSTAL CODE

62708

COUNTRY

USA

UCCSPREP@cscinfo.com

4. COLLATERAL: This financing statement covers the following collateral:
(1) RVR TRANSMITTER Serial Number:TX10KPS/G-0139 (1) ORBAN 2200 Serial Number:808122-011 (468) Audio Feed Line The equipment financed under Contract 1053897 listed above, whether now owned or hereafter acquired, together with all personal property installed in, affixed to or used in connection therewith and all present or future: (i) additions, accessories, accessions, attachments, parts, supplies, related software, intellectual property, rights, licenses and improvements thereto; (ii) substitutions, renewals, replacements and purchase options thereof; (iii) insurance, warranty, and other third-party claims; (iv) Debtor's rights in connection with a third-party's use of such equipment under a sublease, rental or similar agreement; (v) proceeds and product in any form (including but not limited to insurance and sale proceeds) of each of the foregoing, whether it be cash, non-cash or in any other form; and (vi) to the extent the equipment identified herein is construed as or deemed inventory, that inventory and all accounts, accounts receivable, cash proceeds and all other proceeds related thereto or derived therefrom.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

[222610896]

FILING OFFICE COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 | |
| B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 83619833 TXTX | |

File with: Secretary of State, TX

21-0053543376
11/29/2021 05:00 PM



FILED

TEXAS
SECRETARY OF STATE

SOS



1098780580010

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|--|--------------------------|---------------------|-------------------------------|----------------------|----------------|
| 1a. ORGANIZATION'S NAME High Plains Radio Network, L.L.C. | | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 1c. MAILING ADDRESS 725 FM 2013 | | CITY Frisco | STATE TX | POSTAL CODE 79035 | COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|---------|
| 2a. ORGANIZATION'S NAME | | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | | |
|--|--------------------------|---------------------|-------------------------------|----------------------|----------------|
| 3a. ORGANIZATION'S NAME C T CORPORATION SYSTEM, AS REPRESENTATIVE | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c. MAILING ADDRESS 330 N Brand Blvd, Suite 700; Attn: SPRS | | CITY Glendale | STATE CA | POSTAL CODE 91203 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:

This filing covers the following properties, assets and rights of Debtor, whether now owned or hereafter acquired (collectively the "Collateral"): (a) all personal property described below or on any exhibit attached hereto, which exhibit is incorporated by reference herein ("Specified Items"); (b) any and all additions, replacements, parts, or accessories to the Specified Items; (c) any rental, chattel paper, accounts, security deposits, relating to the Specified Items or the Agreement; and (d) all proceeds of any and all of the foregoing. In the event serial numbers, vehicle identification numbers or similar information is included below, on an exhibit attached hereto or otherwise in the description of Collateral, such information has been added by Secured Party to the best of its information in an effort to avoid confusion but is not intended to, and shall not, limit the above description of Collateral.

Collateral Equipment Exhibit attached

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

83619833

EXHIBIT H004 - Page 26

EFA Schedule "A"

Contract #:

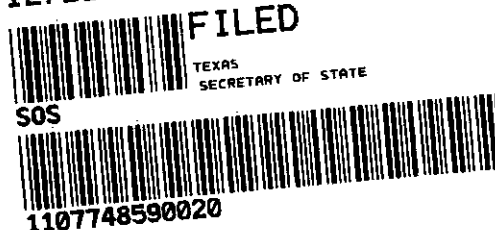
| EQUIPMENT | | | |
|------------------|---|-----------------|--|
| Quantity | Equipment Description | Serial # | Supplier Name and Contact |
| 1 | Best model #TX300LCD FM Exciter 300W | 706727 | Process Technologies & Services 10612-D Providence Road #716 Charlotte, NC 28277 704-817-5950 |
| 1 | Continental Electronics 25KW model #FCC Data 816R-3 | 368 | |
| 1 | Omnia One Audio Processor Model #Omnia One FM 50 ohms | 2001-00220-000 | |
| 1 | TFT 884 FM Modulation Monitor Adusokat 900 kHz LF 50 ohms | 1391489 | |
| 460 | Audio Feed Line - HJ8-50B coax cables | NA | |

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 | |
| B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 23372 - BLUE BRIDGE <div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div> <div>84073345 TXTX</div> | |
| File with: Secretary of State, TX | |

21-0058331679
12/28/2021 05:00 PM



2 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|--|--------------------------|---------------------|-------------------------------|----------------------|----------------|
| 1a. ORGANIZATION'S NAME High Plains Radio Network, L.L.C. | | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 1c. MAILING ADDRESS 2300 Country Road 40 | | CITY Plainview | STATE TX | POSTAL CODE 79072 | COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|---------|
| 2a. ORGANIZATION'S NAME | | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | | |
|---|--------------------------|---------------------|-------------------------------|----------------------|----------------|
| 3a. ORGANIZATION'S NAME Blue Bridge Financial, LLC | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c. MAILING ADDRESS 11921 Freedom Dr. Suite 1130 | | CITY Reston | STATE VA | POSTAL CODE 20190 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:

All Items on Process Technologies & Services, LLC Invoice Number 20211105E

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

84073345

142995

EXHIBIT H004 - Page 28

142995



Invoice

10612-D Providence Road, #716
Charlotte, NC 28277-0233

| Phone # |
|--------------|
| 704-817-5950 |

| Date | Invoice # |
|------------|-----------|
| 12/09/2021 | 20211105E |

| Bill To |
|--|
| High Plains Radio Network LLC PO Box 1478 Plainview, TX 79073 USA |

| Ship To |
|---|
| High Plains Radio Network LLC 2300 Country Rd 40 Plainview, TX 79072 USA |

| P.O. No. | Payment | Rep | Ship Date | Ship Via | Incoterm |
|-----------------|---|-----|------------|-----------|----------|
| | Due on receipt | PV | 12/03/2021 | | |
| Item | Description | Qty | Rate(USD) | Amount | |
| Equip. | Harris FM 25K 10 kW to 25 kW, Freq 87.5 to 108 MHz, DCFM, RF 50ohms SN 85-8593-012 | 1 | 95,300.00 | 95,300.00 | |
| Equip. | Feed Line - HJ8-50B Air Dielectric Coaxial Cable, corr copper, 3 in. black PE jacket | 510 | 47.00 | 23,970.00 | |
| Equip. | Air Dielectric Coaxial Cable, corr copper, 3 in., black PE jacket. Model #719-00 AES3 digital, sampling rates 32kHz, 44.1kHz, 48kHz, 96kHz SN 166 | 1 | 2,835.00 | 2,835.00 | |
| Equip. | Comrex Brick link Model #BL11937 Ballanced audio in/output 0dbu, tri color displays | 1 | 1,850.00 | 1,850.00 | |
| Equip. | QEI Quantum M FM EXCITER 30W FM exciter, 1.2kW to 9.6kW, 50 ohms SN 20M140 | 1 | 3,995.00 | 3,995.00 | |
| Equip. | Comrex Brick Link Model #BL-3587 Ballanced audio in/output 0dbu, tri color displays | 1 | 1,850.00 | 1,850.00 | |
| Shipping Charge | Shipping | 1 | 1,000.00 | 1,000.00 | |

Thank you for your business.

Subtotal USD \$130,800.00

Bank Info:
Bank of America, NC2-108-01-01
7911 Providence Road
Charlotte, NC 28277

Sales Tax (0.0%) \$0.00

Account#: [REDACTED]

Total USD \$130,800.00

Swiftcode: [REDACTED]

Wire Routing # [REDACTED]

ACH Routing # [REDACTED]

Customer Must Pay Wire Tranfer Fees

Pierre vanDongen
Cell: 704-907-6505
pierre@processtechgroup.com

Payments/Credits \$0.00

Website: www.processtechgroup.com

Balance Due \$130,800.00

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

Lien Solutions

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**CT Lien Solutions
2929 Allen Parkway, Ste. 3300
Houston, TX 77019
USA

FILING NUMBER: 22-0009168432

FILING DATE: 02/24/2022 06:39 AM

DOCUMENT NUMBER: 1123345870001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

High Plains Radio Network, L.L.C.

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

PO Box 1478

CITY

Plainview

STATE

TX

POSTAL CODE

79073

COUNTRY

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

Meridian Equipment Finance LLC

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

9 Old Lincoln Highway

CITY

Malvern

STATE

PA

POSTAL CODE

19355

COUNTRY

USA

4. COLLATERAL: This financing statement covers the following collateral:

1 - FMQ-3500 7500W 87.5 to 108Mhz; 1 - FMQ-1000 30000W; 1 - Transparent Plus
695 FM Exciter; 1 - 675FM Exciter; 2 - 816R-4C Transmitter 42kW Nominal; 1 -
STL Receiver RSL 900 1-Plus-X Dual IP-8 Adapter

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

CSC

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company
251 LITTLE FALLS DRIVE
Wilmington, DE 19808
USA

FILING NUMBER: 22-0010082055

FILING DATE: 02/27/2022 09:39 PM

DOCUMENT NUMBER: 1124328640001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

High Plains Radio Network, L.L.C.

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

PO Box 1478

CITY

Plainview

STATE

TX

POSTAL CODE

79073

COUNTRY

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

CORPORATION SERVICE COMPANY, AS REPRESENTATIVE

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

PO BOX 2576 UCCSPREP@cscinfo.com

CITY

Springfield

STATE

IL

POSTAL CODE

62708

COUNTRY

USA

4. COLLATERAL: This financing statement covers the following collateral:
KVWC Harris Z 3.5 FM Transmitter, Harris Micromax 30 w Exciter, Broadcast Electronics 1A AM Transmitter, Gates Air BC1G AM Transmitter, Harris Gates Modulation Monitor, Belar Modulation Monitor FMS-1, Belar Stereo Monitor FMS-1, Orban 8100A FM Processor, ESI 50L Phone System Server, Autogram Peacemaker 1032 Console, Infinity Wall Speakers, XDS Pro-4 Sat ReceiverWafener IPump Sat Receiver 6420, Sage EAS System, Arrakis Automation System, Arrakis Broadcast Bridge, Marti RR-50 Receiver, Yamaha MG124CX Stereo Mixer, Inovonics AM Audio Processor 222, LPB Monograham II Console, Shure Microphone SM7B, Shure Microphone #267, Electro Voice 635A Microphone, Shipping The equipment financed under Contract #1067515 listed above, whether now owned or hereafter acquired, together with all personal property installed in, affixed to or used in connection therewith and all present or future: (i) additions, accessories, accessions, attachments, parts, supplies, related software, intellectual property, rights, licenses and improvements thereto; (ii) substitutions, renewals, replacements and purchase options thereof; (iii) insurance, warranty, and other third-party claims; (iv) Debtor's rights in connection with a third-party's use of such equipment under a sublease, rental or similar agreement; (v) proceeds and product in any form (including but not limited to insurance and sale proceeds) of each of the foregoing, whether it be cash, non-cash or in any other form; and (vi) to the extent the equipment identified

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensors

8. OPTIONAL FILER REFERENCE DATA:

[227505028]

UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS

9: NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

| | |
|----|---|
| OR | 9a. ORGANIZATION'S NAME High Plains Radio Network, L.L.C. |
| | 9b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

| | |
|----|---|
| OR | 10a. ORGANIZATION'S NAME |
| | 10b. INDIVIDUAL'S SURNAME |
| | INDIVIDUAL'S FIRST PERSONAL NAME |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

| | | | | |
|----------------------|------|-------|-------------|---------|
| 10c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|----------------------|------|-------|-------------|---------|

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

| | |
|----|--|
| OR | 11a. ORGANIZATION'S NAME |
| | 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

| | | | | |
|----------------------|------|-------|-------------|---------|
| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|----------------------|------|-------|-------------|---------|

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

herein is construed as or deemed inventory, that inventory and all accounts, accounts receivable, cash proceeds and all other proceeds related thereto or derived therefrom.

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

14. This FINANCING STATEMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Description of real estate:

17. MISCELLANEOUS:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Ailco Equipment Finance Group, Inc. 262-549-6640 |
| B. E-MAIL CONTACT AT FILER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Ailco Equipment Finance Group, Inc. W222N833 Cheaney Rd. Waukesha, WI 53186 USA |

FILING NUMBER: 22-0011706382
FILING DATE: 03/09/2022 08:30 AM
DOCUMENT NUMBER: 1127502770002
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|---|----------------------|-------------------------------|-----------------------------|
| OR | 1a. ORGANIZATION'S NAME High Plains Radio Network, L.L.C. | | | |
| | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 808 Main Street | | CITY Altus | STATE OK | POSTAL CODE 73522 |
| COUNTRY USA | | | | |

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---------------------|--------------------------|---------------------|-------------------------------|-------------|
| OR | 2a. ORGANIZATION'S NAME | | | |
| | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| COUNTRY | | | | |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|---|-------------------------|-------------------------------|-----------------------------|
| OR | 3a. ORGANIZATION'S NAME Ailco Equipment Finance Group, Inc. | | | |
| | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS W222N833 Cheaney Road | | CITY Waukesha | STATE WI | POSTAL CODE 53186 |
| COUNTRY USA | | | | |

4. COLLATERAL: This financing statement covers the following collateral:
Communications Broadcasting Equipment described as follows:

- (1) XDS Pro Satellite receiver
- (1) XDS Pro 4Q Satellite receiver
- (1) Wegener Ipump 6420 Audio Server
- (1) Sage Digital ENDEC Model 3644
- (1) NiCom STL Transmitter TSL 910
- (1) TFT STL Transmitter 1.3-2.5 GHz
- (1) Standard TVM 450 A/V Modulator
- (2) Arrakis ARC-8 Board
- (1) Mackie DFX6 Studio Board
- (1) ADTEC MPEG Commercial Inserter "Duet"
- (1) Advanced Media Technologies MPEG Commercial "Soloist 2"
- (1) Coverage Media System 3550 M4

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

EFA #03901-001L

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

CSC

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company
251 LITTLE FALLS DRIVE
Wilmington, DE 19808
USA

FILING NUMBER: 22-0013152440

FILING DATE: 03/16/2022 09:59 AM

DOCUMENT NUMBER: 1129966420001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

High Plains Radio Network, L.L.C.

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

PO Box 1478

CITY

Plainview

STATE

TX

POSTAL CODE

79073

COUNTRY

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

CORPORATION SERVICE COMPANY, AS REPRESENTATIVE

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

PO BOX 2576 UCCSPREP@cscinfo.com

CITY

Springfield

STATE

IL

POSTAL CODE

62708

COUNTRY

USA

4. COLLATERAL: This financing statement covers the following collateral:

(1) HT 5CD Transmitter; (1) 10Watt Exiter; (1)STL Receiver SR-20C; (1) Sicon-8 RemoteController; (1) ARC-16 Remote Control Unit; The equipment financed under Contract 1069481 listed above, whether now owned or hereafter acquired, together with all personal property installed in, affixed to or used in connection therewith and all present or future: (i) additions, accessories, accessions, attachments, parts, supplies, related software, intellectual property, rights, licenses and improvements thereto; (ii) substitutions, renewals, replacements and purchase options thereof; (iii) insurance, warranty, and other third-party claims; (iv) Debtor's rights in connection with a third-party's use of such equipment under a sublease, rental or similar agreement; (v) proceeds and product in any form (including but not limited to insurance and sale proceeds) of each of the foregoing, whether it be cash, non-cash or in any other form; and (vi) to the extent the equipment identified herein is construed as or deemed inventory, that inventory and all accounts, accounts receivable, cash proceeds and all other proceeds related thereto or derived therefrom.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

[228576110]

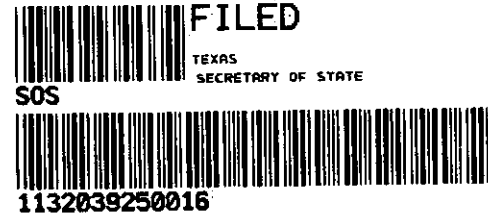
FILING OFFICE COPY

22-0014189754
03/22/2022 05:00 PM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|---|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 | |
| B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2287 87559 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed in: Texas (S.O.S.) | |



2 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|--------------------------|---------------------|-------------------------------|--|
| 1a. ORGANIZATION'S NAME HIGH PLAINS RADIO NETWORK, L.L.C. | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS | 207 West Grand Avenue | CITY Frederick | STATE OK | POSTAL CODE 73542 COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|------------------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|--------------------------|----------------------|-------------------------------|--|
| 3a. ORGANIZATION'S NAME MARLIN LEASING CORP | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS | 300 FELLOWSHIP RD | CITY MOUNT LAUREL | STATE NJ | POSTAL CODE 08054 COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:

Various Equipment, SEE SCHEDULE A ATTACHED,
AND ALL REPLACEMENTS, SUBSTITUTIONS, ACCESSORIES, ACCESSIONS, ADD-ONS, AND ALL PROCEEDS
AND ACCOUNTS OF THE DEBTOR ARISING OUT OF OR RELATED TO THE FOREGOING. THIS FINANCING
STATEMENT RELATES TO AN EQUIPMENT FINANCE AGREEMENT BETWEEN THE DEBTOR (AS CUSTOMER)
AND THE SECURED PARTY (AS FINANCE COMPANY). THIS FINANCING STATEMENT IS FILED TO GIVE NOTICE
OF SECURED PARTY'S FIRST PRIORITY, PURCHASE MONEY SECURITY INTEREST IN THE COLLATERAL.

| | |
|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor | |
| 8. OPTIONAL FILER REFERENCE DATA: 1509019 | |

2287 87559



Schedule "A" to Agreement – Products Description

("We" or "Us"):

Marlin Leasing Corporation | 300 Fellowship Road, Mt. Laurel, NJ 08054 | p: 888-479-9111 | f: 888-479-1100
marlincapitalsolutions.com

Agreement App #: 1509019

Customer: High Plains Radio Network LLC

Vendor Name: Process Technologies & Services

This Schedule "A" is attached to, incorporated in, and made a part of the agreement ("Agreement") by and between the above Customer and Marlin Leasing Corporation ("Marlin"). The following is a full and complete description of the Products:

| Quantity | Products Type | Make & Model | Serial # |
|----------|-----------------------------|-----------------------|----------|
| (1) | DFX 6 Audio Board | Makie | |
| (1) | ARC-8 Audio Board | Arrakis | |
| (1) | ARC-8 BLUE Audio Board | Arrakis | |
| (2) | Automation Docking Stations | Arrakis | |
| (2) | Pro4Q Satellite Reciever | XDS | |
| (2) | PRO Satellite Reciever | XDS | |
| (1) | Digital ENDEC | Sage | |
| (1) | Audio Server 18640 | Wegener | |
| (1) | Model STL-10 | Marti | |
| (1) | Optimod-FM Model | 8100A - ORBAN | |
| (1) | AM Audio Processor | Model 222 - Inovonics | |
| (1) | Pro:FX12 Board | Mackie | |
| | and Related Accessories | | |
| | | | |
| | | | |
| | | | |
| | | | |

The Agreement and this Schedule "A" also covers any and all present and future replacement Products, substituted Products, additional Products, trade-ups and add-ons without requiring a separate agreement. (However, the Customer understands that Marlin's consent will be required for any of these.)

The Customer agrees that a facsimile, scanned copy or electronic version of this Schedule "A" or the signatures shall be as valid and binding as the original and will be admissible in court as conclusive evidence of this Schedule "A".

DocuSigned by:
Monte Spearman
Signature of Customer
3/18/2022
Date

Accepted by Marlin

Date

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC |
| B. E-MAIL CONTACT AT FILER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Corporation Service Company 251 LITTLE FALLS DRIVE Wilmington, DE 19808 USA |

FILING NUMBER: 22-0044368019

FILING DATE: 09/08/2022 10:47 AM

DOCUMENT NUMBER: 1176343830001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|---|---|--------------------------|-------------------------------|-----------------------------|-----------------------|
| OR | 1a. ORGANIZATION'S NAME High Plains Radio Network, L.L.C. | | | | |
| | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 1c. MAILING ADDRESS PO Box 1478 | | CITY Plainview | STATE TX | POSTAL CODE 79073 | COUNTRY USA |

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|---------------------|--------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 2a. ORGANIZATION'S NAME | | | | |
| | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

| | | | | | |
|--|--|----------------------------|-------------------------------|-----------------------------|-----------------------|
| OR | 3a. ORGANIZATION'S NAME CORPORATION SERVICE COMPANY, AS REPRESENTATIVE | | | | |
| | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c. MAILING ADDRESS PO BOX 2576 UCCSPREP@cscinfo.com | | CITY Springfield | STATE IL | POSTAL CODE 62708 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
(1) Harris Gates One 1 kw AM Transmitter; (1) BW TX 1000 FM Transmitter; (320) 320 Ft. 7/8 INCH Coax Transmission Line; (150) 150 Ft. 1 1507/8 INCH Coax Transmission Line; (1) Shively CPOL one bay FM Antenna; (1) Kintronic AM/FM 30w IsoCoupler; (1) Orban Optimod 9400 AM Audio Processor; (1)Orban Optimod 5700i FM Audio Processor; (1)Orban Optimod 1101PC Audio Processor; (1)Sage Digital EAS Encoder The equipment financed under Contract #1098766 listed above, whether now owned or hereafter acquired, together with all personal property installed in, affixed to or used in connection therewith and all present or future: (i) additions, accessories, accessions, attachments, parts, supplies, related software, intellectual property, rights, licenses and improvements thereto; (ii) substitutions, renewals, replacements and purchase options thereof; (iii) insurance, warranty, and other third-party claims; (iv) Debtor's rights in connection with a third-party's use of such equipment under a sublease, rental or similar agreement; (v) proceeds and product in any form (including but not limited to insurance and sale proceeds) of each of the foregoing, whether it be cash, non-cash or in any other form; and (vi) to the extent the equipment identified herein is construed as or deemed inventory, that inventory and all accounts, accounts receivable, cash proceeds and all other proceeds related thereto or derived therefrom.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensors

8. OPTIONAL FILER REFERENCE DATA:

[239138461]

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

JOHN JAMES

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**CT Lien Solutions
2929 Allen Parkway, Ste. 3300
Houston, TX 77019
USA

FILING NUMBER: 23-0020445070

FILING DATE: 05/10/2023 08:30 AM

DOCUMENT NUMBER: 1245290640001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

HIGH PLAINS RADIO NETWORK, L.L.C.

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3218 QUINCY ST

PLAINVIEW

TX

79072

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

Channel Partners Capital

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11100 Wayzata Blvd

Minnetonka

MN

55305

USA

4. COLLATERAL: This financing statement covers the following collateral:
All assets of the Debtor now owned or hereafter acquired

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC |
| B. E-MAIL CONTACT AT SUBMITTER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Corporation Service Company 251 LITTLE FALLS DRIVE Wilmington, DE 19808 USA |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION |

FILING NUMBER: 24-0003254767

FILING DATE: 01/24/2024 02:57 PM

DOCUMENT NUMBER: 1325326020001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|---|---|--------------------------|-------------------------------|-----------------------------|-----------------------|
| OR | 1a. ORGANIZATION'S NAME HIGH PLAINS RADIO NETWORK, L.L.C. | | | | |
| | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 1c. MAILING ADDRESS 3218 QUINCY | | CITY PLAINVIEW | STATE TX | POSTAL CODE 79072 | COUNTRY USA |

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|--|---|-------------------------|-------------------------------|-----------------------------|-----------------------|
| OR | 2a. ORGANIZATION'S NAME ZULA COM, LLC | | | | |
| | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 2c. MAILING ADDRESS 205 SOUTH 25 MILE AVENUE | | CITY HEREFORD | STATE TX | POSTAL CODE 79045 | COUNTRY USA |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

| | | | | | |
|--|--|----------------------------|-------------------------------|-----------------------------|-----------------------|
| OR | 3a. ORGANIZATION'S NAME CORPORATION SERVICE COMPANY, AS REPRESENTATIVE | | | | |
| | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c. MAILING ADDRESS P.O. Box 2576 UCCSPREP@CSCINFO.COM | | CITY Springfield | STATE IL | POSTAL CODE 62708 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
All assets now or hereafter acquired and wherever located, including but not limited to, the following subcategories of assets: a) Accounts, including but not limited to, credit card receivables b) chattel paper c) inventory d) equipment e) instruments, including but not limited to, promissory notes; f) investment property; g) documents h) deposit accounts; i) letter of credit rights; j) general intangibles; k) supporting obligations; proceeds of products of the foregoing. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN, THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTUOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCE IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL, PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY'S ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensors

8. OPTIONAL FILER REFERENCE DATA:

[274487008]

UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS

9: NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

| | |
|----|---|
| OR | 9a. ORGANIZATION'S NAME HIGH PLAINS RADIO NETWORK, L.L.C. |
| | 9b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

| | |
|----|--|
| OR | 10a. ORGANIZATION'S NAME SPEARMAN LAND AND DEVELOPMENT LLC |
| | 10b. INDIVIDUAL'S SURNAME |
| | INDIVIDUAL'S FIRST PERSONAL NAME |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

| | | | | |
|--|--------------------------|--------------------|-----------------------------|-----------------------|
| 10c. MAILING ADDRESS PO BOX 1478 | CITY PLAINVIEW | STATE TX | POSTAL CODE 79073 | COUNTRY USA |
|--|--------------------------|--------------------|-----------------------------|-----------------------|

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

| | |
|----|--|
| OR | 11a. ORGANIZATION'S NAME |
| | 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

| | | | | |
|----------------------|------|-------|-------------|---------|
| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|----------------------|------|-------|-------------|---------|

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

14. This FINANCING STATEMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Description of real estate:

17. MISCELLANEOUS:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) JOHN JAMES |
| B. E-MAIL CONTACT AT SUBMITTER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Lien Solutions 2929 Allen Parkway, Ste. 3300 Houston, TX 77019 USA |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION |

FILING NUMBER: 24-0012016773
FILING DATE: 02/14/2024 05:08 PM
DOCUMENT NUMBER: 1332870150001
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|--|--------------------------|-------------------------------|-----------------------------|
| OR | 1a. ORGANIZATION'S NAME High Plains Radio Network, LLC | | | |
| | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 3218 QUINCY ST PO Box 1478 | | CITY Plainview | STATE TX | POSTAL CODE 79073 |
| | | | | COUNTRY USA |

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|---|-----------------------|-------------------------------|-----------------------------|
| OR | 2a. ORGANIZATION'S NAME PROFIT PROGRAMMING OF NORTHERN TEXAS, LLC | | | |
| | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS PO BOX 1928 | | CITY LYONS, | STATE CO | POSTAL CODE 80540 |
| | | | | COUNTRY USA |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|---|-------------------------|-------------------------------|-----------------------------|
| OR | 3a. ORGANIZATION'S NAME C T Corporation System, as representative | | | |
| | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 330 N Brand Blvd, Suite 700; Attn: SPRS | | CITY Glendale | STATE CA | POSTAL CODE 91203 |
| | | | | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
All personal property of every kind and nature, including, without limitation, all accounts, contract rights, rights to the payment of money, insurance claims and proceeds, chattel paper, electric chattel paper, documents, instruments, securities and other investment property, deposit accounts, supporting obligations of every nature, and general intangibles, including without limitation, customer lists, and all books and records related thereto, and all recorded data of any kind and any nature, regardless of the medium of recording; together with, to the extent not listed above as the original collateral, all substitutions and replacements for and products of any of the foregoing property, and together with proceeds of any and all of the foregoing property.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

6b. Check only if applicable and check only one box.

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS

9: NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

| | |
|----|--|
| OR | 9a. ORGANIZATION'S NAME High Plains Radio Network, LLC |
| | 9b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

| | |
|----|--|
| OR | 10a. ORGANIZATION'S NAME PROFIT PROGRAMMING, LLC |
| | 10b. INDIVIDUAL'S SURNAME |
| | INDIVIDUAL'S FIRST PERSONAL NAME |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

| | | | | |
|--|---------------------------|--------------------|-----------------------------|-----------------------|
| 10c. MAILING ADDRESS P.O. BOX 2690 | CITY ESTES PARK | STATE CO | POSTAL CODE 80517 | COUNTRY USA |
|--|---------------------------|--------------------|-----------------------------|-----------------------|

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

| | |
|----|--|
| OR | 11a. ORGANIZATION'S NAME |
| | 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

| | | | | |
|----------------------|------|-------|-------------|---------|
| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|----------------------|------|-------|-------------|---------|

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS

9: NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

| | | |
|----|--|--------|
| OR | 9a. ORGANIZATION'S NAME High Plains Radio Network, LLC | |
| | 9b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|--|--------------------------|-------------------------------|-----------------------------|
| OR | 10a. ORGANIZATION'S NAME HIGH PLAINS RADIO NETWORK, L.L.C. | | | |
| | 10b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 10c. MAILING ADDRESS PO BOX 1478 | | CITY PLAINVIEW | STATE TX | POSTAL CODE 79073 |
| | | COUNTRY USA | | |

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|--|--------------------------|-------------------------------|-----------------------------|
| OR | 10a. ORGANIZATION'S NAME SPEARMAN LAND AND DEVELOPMENT LLC | | | |
| | 10b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 10c. MAILING ADDRESS PO BOX 1478 | | CITY PLAINVIEW | STATE TX | POSTAL CODE 79073 |
| | | COUNTRY USA | | |

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|---|---------------------------|-------------------------------|-----------------------------|
| OR | 10a. ORGANIZATION'S NAME MK, INC. | | | |
| | 10b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 10c. MAILING ADDRESS P.O. BOX 2690 | | CITY ESTES PARK | STATE CO | POSTAL CODE 80517 |
| | | COUNTRY USA | | |

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|---|---------------------------|-------------------------------|-----------------------------|
| OR | 10a. ORGANIZATION'S NAME SPEARMAN PROPERTIES, LLC | | | |
| | 10b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 10c. MAILING ADDRESS P.O. BOX 2690 | | CITY ESTES PARK | STATE CO | POSTAL CODE 80517 |
| | | COUNTRY USA | | |

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|---|---------------------------|-------------------------------|-----------------------------|
| OR | 10a. ORGANIZATION'S NAME SPEARMAN COMPANY | | | |
| | 10b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 10c. MAILING ADDRESS P.O. BOX 2690 | | CITY ESTES PARK | STATE CO | POSTAL CODE 80517 |
| | | COUNTRY USA | | |

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|--|-------------------------|-------------------------------|-----------------------------|
| OR | 10a. ORGANIZATION'S NAME ZULA COM, LLC | | | |
| | 10b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 10c. MAILING ADDRESS PO BOX 1655 | | CITY HEREFORD | STATE TX | POSTAL CODE 79045 |
| | | COUNTRY USA | | |

UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS

9: NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

| | |
|----|--|
| OR | 9a. ORGANIZATION'S NAME High Plains Radio Network, LLC |
| | 9b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | |
|----|--|
| OR | 10a. ORGANIZATION'S NAME HIGH PLAINS RADIO NETWORK LLC |
| | 10b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

| | | | | |
|---|------------------------------|--------------------|-----------------------------|-----------------------|
| 10c. MAILING ADDRESS 223 RUSSELL ST | CITY MOUNTAIN HOME | STATE AR | POSTAL CODE 72653 | COUNTRY USA |
|---|------------------------------|--------------------|-----------------------------|-----------------------|

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | |
|----|---|
| OR | 10a. ORGANIZATION'S NAME SPEARMAN LIVESTOCK, LLC, |
| | 10b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

| | | | | |
|--|---------------------------|--------------------|-----------------------------|-----------------------|
| 10c. MAILING ADDRESS P.O. BOX 2690 | CITY ESTES PARK | STATE CO | POSTAL CODE 80517 | COUNTRY USA |
|--|---------------------------|--------------------|-----------------------------|-----------------------|

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | |
|----|--|
| OR | 10a. ORGANIZATION'S NAME PROFIT PROGRAMMING MRB, LLC |
| | 10b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

| | | | | |
|--|----------------------------|--------------------|-----------------------------|-----------------------|
| 10c. MAILING ADDRESS P.O. BOX 2690 | CITY ESTES PARK, | STATE CO | POSTAL CODE 80517 | COUNTRY USA |
|--|----------------------------|--------------------|-----------------------------|-----------------------|

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | |
|----|---|
| OR | 10a. ORGANIZATION'S NAME PROFIT PROGRAMMING OF NORTHERN NEVADA, LLC |
| | 10b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

| | | | | |
|--|---------------------------|--------------------|-----------------------------|-----------------------|
| 10c. MAILING ADDRESS P.O. BOX 2690 | CITY ESTES PARK | STATE CO | POSTAL CODE 80517 | COUNTRY USA |
|--|---------------------------|--------------------|-----------------------------|-----------------------|

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | |
|----|---|
| OR | 10a. ORGANIZATION'S NAME PROFIT PROGRAMMING OF FARGO, LLC |
| | 10b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

| | | | | |
|--|---------------------------|--------------------|-----------------------------|-----------------------|
| 10c. MAILING ADDRESS P.O. BOX 2690 | CITY ESTES PARK | STATE CO | POSTAL CODE 80517 | COUNTRY USA |
|--|---------------------------|--------------------|-----------------------------|-----------------------|

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | |
|----|--|
| OR | 10a. ORGANIZATION'S NAME HIGH PLAINS RADIO NETWORK LLC |
| | 10b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

| | | | | |
|--|---------------------------|--------------------|-----------------------------|-----------------------|
| 10c. MAILING ADDRESS 808 N. MAIN | CITY ST., ALTUS | STATE OK | POSTAL CODE 73521 | COUNTRY USA |
|--|---------------------------|--------------------|-----------------------------|-----------------------|

UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS

9: NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

| | |
|----|--|
| OR | 9a. ORGANIZATION'S NAME High Plains Radio Network, LLC |
| | 9b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|---|--|------------------------------|-------------------------------|-----------------------------|-----------------------|
| OR | 10a. ORGANIZATION'S NAME HIGH PLAINS RADIO NETWORK LLC | | | | |
| | 10b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 10c. MAILING ADDRESS 223 RUSSELL ST | | CITY MOUNTAIN HOME | STATE AR | POSTAL CODE 72653 | COUNTRY USA |

10. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|--|--|-------------------------------------|---|-----------------------------|-----------------------|
| OR | 10a. ORGANIZATION'S NAME | | | | |
| | 10b. INDIVIDUAL'S SURNAME SPEARMAN | FIRST PERSONAL NAME MONTE | ADDITIONAL NAME(S)/INITIAL(S) LEE | SUFFIX | |
| 10c. MAILING ADDRESS 4837 Silverwood Drive | | CITY Johnstown | STATE CO | POSTAL CODE 80534 | COUNTRY USA |

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) JOHN JAMES |
| B. E-MAIL CONTACT AT SUBMITTER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Lien Solutions 2929 Allen Parkway, Ste. 3300 Houston, TX 77019 USA |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION |

FILING NUMBER: 24-00215084

FILING DATE: 03/08/2024 09:01 AM

DOCUMENT NUMBER: 1340912230001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | |
|--|--|--|-------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 23-0020445070 | | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 | |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement | | | |
| 3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b <u>and</u> address of Assignee in item 7c <u>and</u> also name of Assignor in item 9. For partial assignment, complete item 7 and 9 <u>and</u> also indicate affected collateral in item 8 | | | |
| 4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law | | | |
| 5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes. This Change affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. <u>AND</u> Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. | | | |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) | | | |
| 6a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 6b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |
| | | | SUFFIX |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) | | | |
| 7a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 7b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |
| | | | SUFFIX |
| 7c. MAILING ADDRESS | | CITY | STATE |
| | | | POSTAL CODE |
| | | | COUNTRY |
| 8. COLLATERAL CHANGE: Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral: | | | |
| | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor | | | |
| 9a. ORGANIZATION'S NAME Channel Partners Capital | | | |
| OR | | | |
| 9b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |
| | | | SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA: | | | |

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC |
| B. E-MAIL CONTACT AT SUBMITTER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Corporation Service Company 251 LITTLE FALLS DRIVE Wilmington, DE 19808 USA |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION |

FILING NUMBER: 24-0021545386
FILING DATE: 03/08/2024 10:51 AM
DOCUMENT NUMBER: 1340990890001
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|---|-------------------------|-------------------------------|-----------------------------|
| OR | 1a. ORGANIZATION'S NAME HIGH PLAINS RADIO NETWORK, L.L.C. | | | |
| | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 205 S 25 MILE AVE | | CITY HEREFORD | STATE TX | POSTAL CODE 79045 |
| COUNTRY USA | | | | |

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|---|-------------------------|-------------------------------|-----------------------------|
| OR | 2a. ORGANIZATION'S NAME SPEARMAN LAND AND DEVELOPMENT LLC | | | |
| | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS 205 S 25 MILE AVE | | CITY HEREFORD | STATE TX | POSTAL CODE 79045 |
| COUNTRY USA | | | | |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|--|----------------------------|-------------------------------|-----------------------------|
| OR | 3a. ORGANIZATION'S NAME CORPORATION SERVICE COMPANY, AS REPRESENTATIVE | | | |
| | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS PO BOX 2576 UCCSPREP@cscinfo.com | | CITY Springfield | STATE IL | POSTAL CODE 62708 |
| COUNTRY USA | | | | |

4. COLLATERAL: This financing statement covers the following collateral:
All tangible and intangible personal property of Debtor, including, all accounts, deposit accounts, chattel paper, documents, equipment, general intangibles, instruments, inventory, investment property, letter of credit rights, commercial tort claims and as-extracted collateral; (b) all patents, patent applications, trademarks, trade names, service marks, logos, copyrights, and other sources of business identifiers, and all registrations, recordings and applications with the U.S. Patent and Trademark Office and U.S. Copyright Office and all renewals, reissues and extensions thereof (collectively "IP"), together with any written agreement granting any right to use any IP; and (c) all accessions, attachments, accessories, parts, supplies and replacements, products, proceeds and collections with respect to the items described in (a) and (b) above and all records and data relating thereto.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensors

8. OPTIONAL FILER REFERENCE DATA:

[277871479]

UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS

9: NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

| | |
|----|---|
| OR | 9a. ORGANIZATION'S NAME HIGH PLAINS RADIO NETWORK, L.L.C. |
| | 9b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

| | |
|----|---|
| OR | 10a. ORGANIZATION'S NAME |
| | 10b. INDIVIDUAL'S SURNAME SPEARMAN |
| | INDIVIDUAL'S FIRST PERSONAL NAME MONTE |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX LEE |

| | | | | |
|--------------------------|-----------------|-----------|--------------|------------|
| 10c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 205 S 25 MILE AVE | HEREFORD | TX | 79045 | USA |

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

| | |
|----|-------------------------------|
| OR | 11a. ORGANIZATION'S NAME |
| | 11b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) |
| | SUFFIX |

| | | | | |
|----------------------|------|-------|-------------|---------|
| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|----------------------|------|-------|-------------|---------|

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

FILING OFFICE COPY

| | A | B | C | D | E | G | H | I |
|----|---------------------|--------------------|-------------------------|------------------|------------------------|------------------------------|-----------------------------------|--------------|
| 1 | EXHIBIT H005 | | | | | | | |
| 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 3 | Employee | Title | Office / Station | 1099 / W2 | Hourly / Salary | Hours Per Period Avg. | Gross Avg. Pay Each Period | Notes |
| 4 | Staff-1 | HP - Payroll | Corporate | W2 | 12,000.00 | | 500.00 | Note 1 |
| 5 | Staff-2 | Facilities Maint. | Corporate | W2 | 36,000.00 | | 1,500.00 | Note 1 |
| 6 | Staff-3 | Agency Sales | Corporate | W2 | 36,000.00 | | 1,500.00 | Note 1 |
| 7 | Staff-4 | Promotions | Corporate | W2 | 24,000.00 | | 1,000.00 | Note 1 |
| 8 | Staff-5 | Gen. Mgr. | Corporate | W2 | 48,000.00 | | 2,000.00 | Note 1 |
| 9 | Staff-6 | Engineering | Corporate | W2 | 36,000.00 | | 1,500.00 | Note 1 |
| 10 | Staff-7 | Programming | Delta Group | W2 | 16,200.00 | | 675.00 | Note 1 |
| 11 | Staff-8 | Traffic | Delta Group | W2 | 10,800.00 | | 450.00 | Note 1 |
| 12 | Staff-9 | Station Manager | Delta Group | W2 | 27,000.00 | | 1,125.00 | Note 1 |
| 13 | Staff-10 | Programming | Delta Group | W2 | 16,800.00 | | 700.00 | Note 1 |
| 14 | Staff-11 | Programming | Delta Group | 1099 | 2,100.00 | | 87.50 | Note 1 |
| 18 | Staff-15 | Programming | Great Plains Group | 1099 | 27,000.00 | | 1,125.00 | Note 1 |
| 19 | Staff-16 | Sales Mgr. | Great Plains Group | W2 | 18,000.00 | | 750.00 | Note 1 |
| 20 | Staff-17 | Compliance | Great Plains Group | W2 | 7,200.00 | | 300.00 | Note 1 |
| 21 | Staff-18 | Sales | Great Plains Group | W2 | 9,000.00 | | 375.00 | Note 1 |
| 22 | Staff-19 | Sports Programming | Great Plains Group | 1099 | 9,600.00 | | 400.00 | Note 1 |
| 23 | Staff-20 | Programming | Great Plains Group | W2 | 14,400.00 | | 600.00 | Note 1 |
| 24 | Staff-21 | Station Manager | Great Plains Group | W2 | 42,000.00 | | 1,750.00 | Note 1 |
| 25 | Staff-22 | Sports Director | W-Tex Group | W2 | 9,600.00 | | 400.00 | Note 1 |
| 26 | Staff-23 | Programming | W-Tex Group | 1099 | 12,000.00 | | 500.00 | Note 1 |
| 27 | Staff-24 | Stations Manager | W-Tex Group | W2 | 24,000.00 | | 1,000.00 | Note 1 |
| 28 | Staff-25 | Station Manager | E-Tex Group | W2 | 42,000.00 | | 1,750.00 | Note 1 |
| 29 | Staff-26 | Station Manager | E-Tex Group | W2 | 60,000.00 | | 2,500.00 | Note 1 |
| 30 | Staff-27 | Sales Manger | E-Tex Group | W2 | 18,000.00 | | 750.00 | Note 1 |
| 31 | Staff-28 | Programming | E-Tex Group | W2 | 15,000.00 | | 625.00 | Note 1 |
| 32 | Staff-29 | Station Manager | E-Tex Group | W2 | 21,600.00 | | 900.00 | Note 1 |
| 33 | Staff-30 | Programming | E-Tex Group | W2 | 30,000.00 | | 1,250.00 | Note 1 |
| 34 | Staff-31 | Sports Director | E-Tex Group | W2 | 14,400.00 | | 600.00 | Note 1 |
| 35 | Staff-32 | Engineering | Great Plains Group | 1099 | 22.00 | 5 | 110.00 | Note 1 |
| 36 | Staff-33 | Programming | Great Plains Group | 1099 | 8.00 | 15 | 120.00 | Note 1 |
| 37 | Staff-34 | Programming | Great Plains Group | W2 | 15.00 | 15 | 225.00 | Note 1 |
| 38 | Staff-35 | Programming | Great Plains Group | 1099 | 8.00 | 5 | 40.00 | Note 1 |
| 39 | Staff-36 | Programming | E-Tex Group | 1099 | 6.00 | 6 | 36.00 | Note 1 |
| 40 | | | | | | | | |

| | A | B | C | D | E | G | H | I |
|----|---------------------------|---------------|--------------------|-----------|----------------------------|-----------------------|----------------------------|----------|
| 1 | EXHIBIT H005 | | | | | | | |
| 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 3 | Employee | Title | Office / Station | 1099 / W2 | Hourly / Salary | Hours Per Period Avg. | Gross Avg. Pay Each Period | Notes |
| 41 | | | | | TOTAL | | 29,093.50 | |
| 42 | | | | | Per Diem | | 1,939.57 | |
| 43 | | | | | Est. Pre-Pet. (Mar. 16-25) | | 17,456.10 | |
| 44 | | | | | | | | |
| 45 | | | | | | | | |
| 46 | es Commission Pay Only | | | | | | | |
| 47 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 48 | Employee | Title | Office / Station | 1099 / W2 | Monthly Commission Est. | Qualifies For Bonuses | Gross Pay Monthly Est. | Notes |
| 49 | Sales-1 | Sales | Delta Group | W2 | 500.00 | | 500.00 | Note 2 |
| 50 | Sales-2 | Sales | Delta Group | W2 | 2,500.00 | | 2,500.00 | Note 2 |
| 51 | Sales-3 | Sales | Delta Group | 1099 | 1,250.00 | | 1,250.00 | Note 2 |
| 52 | Sales-4 | Sales | Great Plains Group | W2 | 3,500.00 | | 3,500.00 | Note 2 |
| 53 | Sales-5 | Sales | Great Plains Group | 1099 | 1,500.00 | | 1,500.00 | Note 2 |
| 54 | Sales-6 | Sales | Great Plains Group | W2 | 500.00 | | 500.00 | Note 2 |
| 55 | Sales-7 | Sales | Great Plains Group | W2 | 500.00 | | 500.00 | Note 2 |
| 56 | Sales-8 | Sales | W-Tex Group | W2 | 2,000.00 | | 2,000.00 | Note 2 |
| 57 | Sales-9 | Sales | E-Tex Group | W2 | 2,000.00 | | 2,000.00 | Note 2 |
| 58 | Sales-10 | Sales | E-Tex Group | W2 | 500.00 | | 500.00 | Note 2 |
| 59 | Sales-11 | Sales | E-Tex Group | 1099 | 1,000.00 | | 1,000.00 | Note 2 |
| 60 | | | | | TOTAL | | 15,750.00 | |
| 61 | | | | | Per Diem | | 1,050.00 | |
| 62 | | | | | Est. Pre-Pet. (Mar. 16-25) | | 9,450.00 | |
| 63 | | | | | | | | |
| 64 | | | | | | | | |
| 65 | Sports Announcer Pay Only | | | | | | | |
| 66 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 67 | Employee | Title | Office / Station | 1099 / W2 | Paid Per Game As Needed | Seasonal Avg. Est. | Gross Pay Monthly Avg. | Notes |
| 68 | Sports-1 | Sp. Announcer | W-Tex Group | 1099 | 100.00 | 5 | 500.00 | Note 3 |
| 69 | Sports-2 | Sp. Announcer | W-Tex Group | 1099 | 100.00 | 5 | 500.00 | Note 3 |
| 70 | Sports-3 | Sp. Announcer | W-Tex Group | 1099 | 50.00 | 5 | 250.00 | Note 3 |
| 71 | Sports-4 | Sp. Announcer | E-Tex Group | 1099 | 100.00 | 5 | 500.00 | Note 3 |
| 72 | Sports-5 | Sp. Announcer | E-Tex Group | W2 | 75.00 | 5 | 375.00 | Note 3 |

| | A | B | C | D | E | G | H | I |
|----|--|---|-------------------------|------------------|-----------------------------------|------------------------------|------------------------------------|--------------|
| 1 | EXHIBIT H005 | | | | | | | |
| 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 3 | Employee | Title | Office / Station | 1099 / W2 | Hourly / Salary | Hours Per Peroid Avg. | Gross Avg. Pay Easch Period | Notes |
| 73 | Sports-6 | Sp. Announcer | E-Tex Group | 1099 | 75.00 | 5 | 375.00 | Note 3 |
| 74 | Sports-7 | Sp. Announcer | E-Tex Group | 1099 | 100.00 | 5 | 500.00 | Note 3 |
| 75 | Sports-8 | Sp. Announcer | E-Tex Group | 1099 | 125.00 | 5 | 625.00 | Note 3 |
| 76 | | | | | TOTAL | | 3,632.00 | |
| 77 | | | | | Est. Pre-Pet. (Mar. 16-25) | | 3,632.00 | |
| 78 | | | | | | | | |
| 79 | | | | | Est. Total Pre-Petition | | 30,538.10 | |
| 80 | | | | | | | | |
| 81 | Note 1 | Payday 10th for last 16th thru LDM - Payday 25th for last 01st thru 15th. | | | | | | |
| 82 | Note 2 | Pay on the 25th for Collected Sales for the period of: LAST 16th through the Current 15th. | | | | | | |
| 83 | Note 3 | Pay on the 10th for all games aired LAST MONTH - Only One Payday Per Month. | | | | | | |
| 84 | | | | | | | | |
| 85 | C:\Users\jcarruth\ND Office Echo\VAULT-C9SL7ZTY\[HPRN Payroll Info for April 2024 032824 mls 4866-6442-1811 v.3.xlsx]HPRN Payroll Apr 2024 | | | | | | | |

| EXHIBIT H006 | | |
|---|--|-------------------|
| Bank | Account Holder | Account ## |
| Guaranty Bank | High Plains Radio Network LLC | -3917 |
| BancFirst | High Plains Radio Network, LLC dba KTAT and KYBE Radio | -0273 |
| Cattlemens Bank | High Plains Radio Network LLC Monte L Spearman Todd Spearman | -2929 |
| FNBC | High Plains Radio Network LLC | -8559 |
| First State Bank | High Plains Radio Network, LLC Monte L Spearman Christopher M Quinn HPRN - Payables | -6875 |
| Partners Bank | High Plains Radio Network, LLC | -6037 |
| Waggoner National Bank | High Plains Radio Network, LLC | -6715 |
| | | |
| C:\Users\jcarruth\ND Office Echo\VAULT-C9SL7ZTY\[hprn bank statement recap 4857-6664-4403 v.1.xlsx]Sheet1 | | |

EXHIBIT H007 - UTILITY PROVIDERS [U = IN COL. A]

| U = UTILITY | Category | Name | Address1 | Address2 | City | State | Zip |
|-------------|-----------------|------------------------------------|----------------------------------|------------------|--------------|-------|------------|
| | | Ailco | W222 N833 Chaney Rd | | Waukesha | WI | 53186 |
| | | Ailco Equipment Finance Group Inc. | W 222 N 833 Cheaney Road | | Waukesha | WI | 53186 |
| | | American Express | PO Box 6031 | | Carol Stream | IL | 60197-6031 |
| | | Amur | 304 W. 3rd St | | Grand Island | NB | 68801 |
| | | Arrakis Automations | 6604 Powell St | | Loveland | Co | 80537 |
| | | ASCAP | 250 West 57th St | | New York | NY | 10107 |
| | | Ascentium | 23970 HWY 59 Nth. | | Kingwood | TX | 77339 |
| U | Gas | Atmos Energy | PO Box 740353 | | Cincinnati | OH | 45274-0353 |
| | | Balboa | 575 Anton Blvd 12th Flr. | | Costa Mesa | CA | 92626 |
| U | Gas | Black Hills Natural Gas | PO Box 6006 | | Rapid City | SD | 57709 |
| | | Blue Bridge | 11921 Freedom Dr. | | Reston VA | VA | 20190 |
| | | Blue Bridge Financial LLC | 11921 Freedom Dr. | Suite 1130 | Reston | VA | 20190 |
| U | Telephone | Bluepeak Telephone | 5100 S. Broadband Lane | | Sioux Falls | SD | 57108 |
| | | BMI | PO Box 630893 | | Cincinnati | OH | 45263-0893 |
| | | Bryn Mawr Equipment Finance Inc. | 801 Lancaster Avenue | | Bryn Mawr | PA | 19010 |
| | | CT Corp. Sys. | Attn: SPRS | 330 N Brand Blvd | Glendale | CA | 91203 |
| | | Channel Partners Capital | 11100 Wayzata Blvd | | Minnetonka | MN | 55305 |
| U | Services | City of Altus | 509 S Main St | | Altus | OK | 73521 |
| U | Services | City of Hereford | PO Box 2277 | | Hereford | TX | 79045-2277 |
| U | Services | City of Plainview | 202 W 5th | | Plainview | TX | 79072 |
| U | Services | City of Vernon | 1725 Wilbarger St | | Vernon | TX | 76384-4741 |
| | | Crest Capitol | PO Box 88233 | | Atlanta | GA | 30356 |
| U | Electric | Entergy Utility | PO Box 8105 | | Baton Rouge | LA | 70891-8105 |
| U | Electric Unergy | Excel Energy | PO Box 9477 | | Minneapolis | MN | 55484-9477 |
| | | Federal Communications Com. | 45 L Street NE | | Washington | DC | 20554 |
| | | Financial Agent Services | PO Box 2576 | | Springfield | IL | 62708 |
| | | First State Bank Athens | PO Box 471 | | Athens | TX | 75751 |
| | | Global Music Rights | 1801 W Olympic Blvd | | Pasadena | CA | 91199-2280 |
| | | Hamni Bank | 5403 Olympic Dr. #200 | | Gig Harbor | WA | 98335 |
| | | Hanszen LaPorte | 14201 Memorial Dr | | Houston | TX | 77079 |
| | | Hitachi Capital America Corp. | 7808 Creekridge Circle | Suite 250 | Edina | MN | 55439 |
| | | Internal Revenue Service | Centralized Insolvency Operation | PO Box 7317 | Philadelphia | PA | 19101-7317 |
| | | Liberty Mutual Insurance | 175 Berkeley St | | Boston | MA | 02116 |
| | | Litefund Solutions | 99 Wall St #2613 | | New York | NY | 10005 |
| | | Marlin - Peak Com. | 300 Fellowship Rd | | Mt. Laurel | NJ | 08054 |
| | | Marlin Leasing Corp | 300 Fellowship Rd | | Mount Laurel | NJ | 08054 |
| | | Media Facilities | 1740 Dell Range Blvd. #418 | | Cheyenne | WY | 82009 |
| | | Meridian | 367 Eagleview Blvd. | | Exton | PA | 19341 |
| | | Meridian Equipment Finance LLC | 9 Old Lincoln Highway | | Malvern | PA | 19355 |
| | | Midland States Bank | 1801 Park 270 Drive | Suite 200 | St. Louis | MO | 63146 |
| | | Mitsubishi HC | 7201 Metro Blvd. Ste 800 | | Edina | MN | 55439 |
| | | Monte Spearman | PO Box 3649 | | Palestine | TX | 80534 |
| | | New Lane Fin. B-M | 801 Landcaster Ave | | Bryn Mawr | PA | 19010 |
| U | Electric | North Arkansas Electric | PO Box 1000 | | Salem | AR | 72576-1000 |
| U | Telephone | Optimum Telephone | 1111 Stewart Ave. | | Bethpage | NY | 11714-3581 |
| | | Pawnee | 3801 Automation Way #207 | | Ft Collins | CO | 80525 |

EXHIBIT H007 - UTILITY PROVIDERS [U = IN COL. A]

| U = UTILITY | Category | Name | Address1 | Address2 | City | State | Zip |
|-------------|----------------|--|------------------------------|-----------|------------------|-------|------------|
| | | SBA Covid-19 Disaster Loan | PO Box 3918 | | Portland | OR | 97208-3918 |
| U | Audio Internet | SecureNet | 101 N Federal HWY Ste 601 | | Boca Raton | FL | 33432 |
| | | SESAC | PO Box 5246 | | New York | NY | 10008-5246 |
| | | Summit | 4680 Parkway Dr #300 | | Mason | OH | 45040 |
| U | Gas | Summit Natural Gas | PO Box 676358 | | Dallas | TX | 75267-6357 |
| | | The Fundworks | 299 S. Main St. #1300 | | Salt Lake City | UT | 84111 |
| | | Turbo Capital | 2308 N Market St | | Wilmington | DE | 19802 |
| U | Electric | TXU Utility | PO Box 650638 | | Dallas | TX | 75265-0638 |
| | | U.S. Bank Equipment Finance | 1310 Madrid Street | | Marshall | MN | 56258 |
| | | U.S. Small Business Administration | 1545 Hawkins Blvd | Suite 202 | El Paso | TX | 79925 |
| | | United First LLC | 2999 NE 191st St | | Miami | FL | 33180 |
| | | United Funding | 1835 E Hollandale Beach BLVD | | Hollandale Beach | FL | 33009 |
| U | Cell Phone | Verizon Cell Phone | PO Box 660108 | | Dallas | TX | 75266-0108 |
| | | Vertical Bridge | 750 Park of Commerce Dr #200 | | Boca Raton | FL | 33487 |
| | | Zula Com | PO Box 3649 | | Palestine | TX | 75801 |
| | | C:\Users\jcarruth\ND Office Echo\VAULT-C9SL7ZTY\[utilities list hprn 001 4871-4796-3060 v.3.xlsx]Utilities | | | | | |

EXHIBIT H008 - BANK BALANCE RECAP

| Bank Name | Account Holder | Account ## | Last Statement Date | Last Statement Date | Balance Mar 26 |
|--|---|------------|---------------------|---------------------|----------------|
| Guaranty Bank | High Plains Radio Network LLC | -3917 | 20240229 | 6,444.10 | 441.23 |
| BancFirst | High Plains Radio Network, LLC dba KTAT and KYBE Radio | -273 | 20240229 | 518.27 | 2,317.21 |
| Cattlemens Bank | High Plains Radio Network LLC Monte L Spearman | -2929 | 20240229 | 13,121.15 | 70.87 |
| FNBC | High Plains Radio Network LLC | -8559 | 20240229 | 724.18 | 724.18 |
| First State Bank | Monte L Spearman HPRN - Payables | -6875 | 20240229 | 1,975.36 | 1,975.36 |
| Partners Bank | High Plains Radio Network, LLC | -6037 | 20240229 | 1,240.47 | 1,240.47 |
| Waggoner National Bank | High Plains Radio Network, LLC | -16715 | 20240229 | 717.15 | 717.15 |
| | | | | | |
| | | | | 24,740.68 | 7,486.47 |
| C:\Users\jcarruth\ND Office Echo\VAULT-C9SL7ZTY\exh h008 - bank balance recap 4891-3373-3812 v.1.xlsx]Sheet1 | | | | | |

| | A | B | C | D | E | F | G |
|----|---|---------------|-----------------|-----------------|-------------------------------|---|------------------|
| 1 | EXHIBIT H009 - STATION STATUS APRIL 4 2024 | | | | | | |
| 2 | Lease # | Site # | Location | Call Ltr | STATION STATUS | VERTICAL BRIDGE STATUS | VB PerMo. |
| 3 | 3352 | US-TX-5051 | Plainview A | KVOP AM | off - temp FCC, possible sale | VB - term ended pre-petition | 0 |
| 4 | 3353 | US-TX-5052 | Plainview B | KVOP AM | off - temp FCC, possible sale | VB - term ended pre-petition | 0 |
| 5 | 3354 | US-TX-5053 | Plainview C | KVOP AM | off - temp FCC, possible sale | VB - term ended pre-petition | 0 |
| 6 | 3355 | US-TX-5054 | Plainview D | KVOP AM | off - temp FCC, possible sale | VB - term ended pre-petition | 0 |
| 7 | 1807 | US-TX-5036 | Lubbock | KDAV AM | off - temp FCC, possible sale | VB - term ended pre-petition | 0 |
| 8 | 10007 | US-TX-5578 | Lariat | KICA FM | off - temp FCC, possible sale | VB - term ended pre-petition | 0 |
| 9 | 10010 | US-TX-5579 | Friona | KKNM FM | off - temp FCC, possible sale | VB - term ended pre-petition | 0 |
| 10 | 5899 | US-OK-5016 | Hollis | KKRE FM | off permanent | VB reject | 0 |
| 11 | 5997 | US-OK-5019 | Frederick | KTAT AM | off permanent | VB reject | 0 |
| 12 | 7821 | US-CO-5066 | Buena Vista | KSKE AM | off permanent | VB reject | 0 |
| 13 | 8683 | US-TX-5494 | Graham | KSWA AM | off permanent | VB reject | 0 |
| 14 | 8685 | US-TX-5495 | Breckenridge | KROO AM | off permanent | VB reject | 0 |
| 15 | 9867 | US-TX-5577 | Vernon | KVWC AM | off permanent | VB reject | 0 |
| 16 | 10006 | US-TX-5578 | Lariat | KICA AM | off permanent | VB reject | 0 |
| 17 | 10008 | US-TX-5578 | Lariat | KKYC FM | off permanent | VB reject | 0 |
| 18 | 3348 | US-TX-5049 | Plainview | KKYN FM | on | NOT VB | 0 |
| 19 | 3349 | US-TX-5049 | Plainview | KRIA FM | on | NOT VB | 0 |
| 20 | 5398 | US-AR-5025 | Emback | KRZP FM | on | NOT VB | 0 |
| 21 | 5897 | US-OK-5007 | Altus | KEYB FM | on | NOT VB | 0 |
| 22 | 5898 | US-OK-5016 | Hollis | KJOK FM | on | NOT VB | 0 |
| 23 | 5996 | US-OK-5017 | Frederick | KYBE FM | on | NOT VB | 0 |
| 24 | 7800 | US-TX-5363 | Malakoff | KCKL FM | on | NOT VB | 0 |
| 25 | 9868 | US-TX-5577 | Vernon | KVWC FM | on | NOT VB | 0 |
| 26 | 10009 | US-TX-5579 | Friona | KGRW FM | on | NOT VB | 0 |
| 27 | 3351 | US-TX-5050 | Plainview | KREW AM | off temporarily | VB - negotiate or trade, small AM | 0 |
| 28 | 5527 | US-TX-5163 | Levelland | KLVT AM | on | VB - negotiate or trade, small AM, disputed | 1,250 |
| 29 | 5528 | US-TX-5164 | Littlefield | KZZN AM | on | VB - negotiate or trade, small AM, disputed | 1,250 |
| 30 | 7801 | US-TX-5364 | Athens | KLVB AM | on | VB - negotiate or trade, small AM, disputed | 1,250 |
| 31 | 7803 | US-TX-5364 | Athens | KLVB AM | off | VB - negotiate or trade, small AM, disputed | 1,250 |
| 32 | 5396 | US-AR-5023 | Calico Rock | KJMT FM | on | VB - potential 363 or possible reject | 1,500 |
| 33 | 5397 | US-AR-5024 | Viola | KCMC FM | on | VB - potential 363 or possible reject | 1,500 |
| 34 | 6612 | US-MS-5036 | Greenville | WDMS FM | on | VB - potential 363 or possible reject | 1,500 |
| 35 | 6613 | US-MS-5036 | Greenville | WGVM AM | on | VB - potential 363 or possible reject | 1,500 |
| 36 | 6624 | US-AR-5034 | Helena | KFFA FM | on | VB - potential 363 or possible reject | 1,500 |
| 37 | 6625 | US-AR-5035 | Helena | KFFA AM | on | VB - potential 363 or possible reject | 1,500 |
| 38 | 7995 | US-AR-5039 | Gurdon | KYXK FM | on | VB - potential 363 or possible reject | 1,500 |
| 39 | 7996 | US-AR-5040 | Caddo Valley | KWPS FM | on | VB - potential 363 or possible reject | 1,500 |
| 40 | 8338 | US-AR-5036 | Benton | KAFN AM | on | VB - potential 363 or possible reject | 1,500 |
| 41 | 8339 | US-AR-5037 | Malvern | KZYP AM | on | VB - potential 363 or possible reject | 1,500 |
| 42 | 8340 | US-AR-5038 | Arkadelphia | KDEL FM | on | VB - potential 363 or possible reject | 1,500 |
| 43 | 8341 | US-AR-5038 | Arkadelphia | KVRC AM | on | VB - potential 363 or possible reject | 1,500 |
| 44 | 8682 | US-TX-5493 | Graham | KWKQ FM | on | 3P owns post-sale, VB assign. default | 1,250 |
| 45 | 8684 | US-TX-5495 | Breckenridge | KLXK FM | on | 3P owns post-sale, VB assign. default | 1,250 |

EXHIBIT H010

| Operations Budget | Altus | Month % |
|--|----------------|----------------|
| 1 Office - 4 FM Stations | SW Okla | Line |
| Type of Expense | 4 FM | Item |
| KYEB - KVWC Tower Lease - Titan Systems | 1200 | 3.2% |
| | 0 | 0.0% |
| | 0 | 0.0% |
| KYEB - KVWC Tower Electric - TXU | 800 | 2.1% |
| | 0 | 0.0% |
| | 0 | 0.0% |
| Office Int-Phones - Bluepeak | 300 | 0.8% |
| Equipment Insurance - Liberty Mutual | 1200 | 3.2% |
| Internet Feed Service - SecureNet | 100 | 0.3% |
| Natural Gas - Summit | 100 | 0.3% |
| Office Electric - Altus | 500 | 1.3% |
| Office Water - Trash - Sewer - Altus | 100 | 0.3% |
| Office Lease | 2500 | 6.7% |
| Real Property Tax - Altus | 300 | 0.8% |
| Personal Property Tax - All Counties | 100 | 0.3% |
| Leases - Utilities - Insurance - Property Tax | 7200 | 19.3% |
| Cell Services - \$80 Per Station - Verizon | 320 | 0.9% |
| Programming & Automation - Arrakis Adobe | 100 | 0.3% |
| Sales & Sports Travel - \$80 Per Station | 320 | 0.9% |
| FCC Annual Fees - FM \$2400 | 800 | 2.1% |
| Royalties - ASCAP @ \$160 Ea. | 640 | 1.7% |
| BMI @ \$160 Ea. | 640 | 1.7% |
| GMR @ \$25 Ea. | 100 | 0.3% |
| SESAC @ \$25 Ea. | 100 | 0.3% |
| Sound Exchange @ \$100 Each Feed | 200 | 0.5% |
| Programming - Travel - Broadcast - Royalties | 3220 | 8.6% |
| Sports Mgr - Kathy | 800 | 2.1% |
| Production Affidavits & FCC Quarterly - Jacob | 300 | 0.8% |
| MS Prod Talent - Cal - Altus | 2000 | 5.4% |
| | 0 | 0.0% |
| Sports Ancers @ \$100 Per Mth Per Station | 400 | 1.1% |
| Office & Traffic Mgr - Tracie | 1750 | 4.7% |
| Sales Mgr Local - Trudy | 1500 | 4.0% |
| Sales Rep #1 Altus - Niki | 500 | 1.3% |
| Sales Rep #2 Frederick - Jennifer | 500 | 1.3% |
| Sales Rep #3 Vernon - | 500 | 1.3% |
| | 0 | 0.0% |
| | 0 | 0.0% |
| Engineering - Mike | 750 | 2.0% |
| Agency Sales Mgr. - Tiffany | 1000 | 2.7% |
| Property Maint. - Gentry | 1000 | 2.7% |
| Promotions Mgr. - Kristi | 500 | 1.3% |
| Gen. Sales Mgr. - Monte | 1000 | 2.7% |
| Employee Tax Match 10% | 1250 | 3.3% |
| Payroll | 13750 | 36.8% |
| Corporate Expenses | 1250 | 3.3% |
| Fees - Misc. - Other - ROUND OFF | 5680 | 15.2% |
| Monthly Total | 31100 | 100.0% |
| Commissions Added at 20% of the Monthly Total | 6220 | 16.7% |
| Combined Monthly Total | 37320 | |
| Combined Annual Total | 447840 | |

| Operations Budget | Hereford | Month % |
|--|--------------------|----------------|
| 1 Office - 4 FM & 1 AM Stations | West Texas | Line |
| Type of Expense | 4 FM - 1 AM | Item |
| KKYN & KRIA Tower Lease - Lift Systems | 700 | 1.9% |
| KGRW Tower Lease - City of Friona | 500 | 1.3% |
| KNNK Tower Lease - South Plains Com | 750 | 2.0% |
| KKYN & KRIA Tower Electric - Swisher Elec. | 500 | 1.3% |
| KZZN Tower Electric - Xcel | 300 | 0.8% |
| | 0 | 0.0% |
| | 0 | 0.0% |
| Equipment Insurance - Liberty Mutual | 1500 | 4.0% |
| Internet Feed Service - SecureNet | 100 | 0.3% |
| Natural Gas - Atmos | 100 | 0.3% |
| Office Electric - Xcel | 300 | 0.8% |
| Office Water - Trash - Sewer - Hereford | 120 | 0.3% |
| Office Lease | 2500 | 6.7% |
| Real Property Tax - Hrfd & Ltfd | 600 | 1.6% |
| Personal Property Tax - All Counties | 100 | 0.3% |
| Leases - Utilities - Insurance - Property Tax | 8070 | 21.6% |
| Cell Services - \$80 Per Station - Verizon | 400 | 1.1% |
| Programming & Automation - Arrakis Adobe | 100 | 0.3% |
| Sales & Sports Travel - \$80 Per Station | 400 | 1.1% |
| FCC Annual Fees - FM \$2400 - AM \$600 | 850 | 2.3% |
| Royalties - ASCAP @ \$160 Ea. | 800 | 2.1% |
| BMI @ \$160 Ea. | 800 | 2.1% |
| GMR @ \$25 Ea. | 125 | 0.3% |
| SESAC @ \$25 Ea. | 125 | 0.3% |
| Sound Exchange @ \$100 Each Feed | 200 | 0.5% |
| Programming - Travel - Broadcast - Royalties | 3800 | 10.2% |
| Sports Mgr - Johnny | 1000 | 2.7% |
| MS Prod Talent - Chris - Plainview | 1000 | 2.7% |
| MS Prod Talent - Jeri - Hereford | 1000 | 2.7% |
| | 0 | 0.0% |
| Sports Ancers @ \$200 Per Mth Per Station | 1000 | 2.7% |
| Office & Traffic Mgr - Tracie | 1750 | 4.7% |
| Sales Mgr Local - Jeri | 1000 | 2.7% |
| Sales Rep #1 Hereford - | 500 | 1.3% |
| Sales Rep #2 Friona - | 500 | 1.3% |
| Sales Rep #3 Littlefield - | 500 | 1.3% |
| | 0 | 0.0% |
| | 0 | 0.0% |
| Engineering - Mike | 750 | 2.0% |
| Agency Sales Mgr. - Tiffany | 1000 | 2.7% |
| Property Maint. - Gentry | 1000 | 2.7% |
| Promotions Mgr. - Kristi | 500 | 1.3% |
| Gen. Sales Mgr. - Monte | 1000 | 2.7% |
| Employee Tax Match 10% | 1250 | 3.3% |
| Payroll | 13750 | 36.8% |
| Corporate Expenses | 1250 | 3.3% |
| Fees - Misc. - Other - ROUND OFF | 4230 | 11.3% |
| Monthly Total | 31100 | 100.0% |
| Commissions Added at 20% of the Monthly Total | 6220 | 16.7% |
| Combined Monthly Total | 37320 | |
| Combined Annual Total | 447840 | |

| Operations Budget | Palestine | Month % |
|--|--------------------|----------------|
| 1 Office - 2 FM & 3 AM Stations | East Texas | Line |
| Type of Expense | 2 FM - 3 AM | Item |
| KYYK Tower Lease - American | 1600 | 2.9% |
| KWRD Tower Lease - Titan | 700 | 1.3% |
| KCKL & KLVQ Tower Lease - Titan | 1500 | 2.7% |
| KYYK & KNET Utility - Reliant | 300 | 0.5% |
| KCKL & KLVQ Utility - TXU | 500 | 0.9% |
| Office Apartment Expense | 1000 | 1.8% |
| Office Int-Phones - Optimum & Etex & BrtSpd | 900 | 1.6% |
| Equipment Insurance - Liberty Mutual | 1500 | 2.7% |
| Internet Feed Service - SecureNet | 100 | 0.2% |
| Natural Gas - None | 0 | 0.0% |
| Office Electric - Reliant & SWEPC | 1000 | 1.8% |
| Office Water - Trash - Sewer - Pal & Hend | 200 | 0.4% |
| Office Lease - 2 Offices | 5000 | 9.0% |
| Real Property Tax - Palestine & Henderson | 700 | 1.3% |
| Personal Property Tax - All Counties | 100 | 0.2% |
| Leases - Utilities - Insurance - Property Tax | 15100 | 27.3% |
| Cell Services - \$80 Per Station - Verizon | 400 | 0.7% |
| Programming & Automation - Arrakis Adobe | 100 | 0.2% |
| Sales & Sports Travel - \$80 Per Station | 400 | 0.7% |
| FCC Annual Fees - FM \$2400 - AM \$600 | 550 | 1.0% |
| Royalties - ASCAP @ \$160 Ea. | 800 | 1.4% |
| BMI @ \$160 Ea. | 800 | 1.4% |
| GMR @ \$25 Ea. | 125 | 0.2% |
| SESAC @ \$25 Ea. | 125 | 0.2% |
| Sound Exchange @ \$100 Each Feed | 200 | 0.4% |
| Programming - Travel - Broadcast - Royalties | 3500 | 6.3% |
| Sports Mgr - Paul | 1200 | 2.2% |
| MS Prod Talent - Stephanie - Athens | 2500 | 4.5% |
| MS Prod Talent - Mark - Henderson | 1250 | 2.3% |
| MS Prod Talent - Kat - Palestine | 2500 | 4.5% |
| Sports Ancers @ \$200 Per Mth Per Station | 1000 | 1.8% |
| Office & Traffic Mgr - Tasha | 1750 | 3.2% |
| Sales Mgr Local - Stephanie - Athens | 3000 | 5.4% |
| Sales Mgr Local - Kenny - Henderson | 2000 | 3.6% |
| Sales Mgr Local - Thor - Palestine | 1000 | 1.8% |
| Sales Rep #1 - - Athens | 500 | 0.9% |
| Sales Rep #2 - Erminia - Henderson | 500 | 0.9% |
| Sales Rep #3 - - Palestine | 500 | 0.9% |
| Engineering - Mike | 750 | 1.4% |
| Agency Sales Mgr. - Tiffany | 1000 | 1.8% |
| Property Maint. - Gentry | 1000 | 1.8% |
| Promotions Mgr. - Kristi | 500 | 0.9% |
| Gen. Sales Mgr. - Monte | 1000 | 1.8% |
| Employee Tax Match 10% | 2195 | 4.0% |
| Payroll | 24145 | 43.6% |
| Corporate Expenses | 1250 | 2.3% |
| Fees - Misc. - Other - ROUND OFF | 2105 | 3.8% |
| Monthly Total | 46100 | 100.0% |
| Commissions Added at 20% of the Monthly Total | 9220 | 16.7% |
| Combined Monthly Total | 55320 | |
| Combined Annual Total | 663840 | |

| Operations Budget | Helena | Month % |
|--|--------------------|----------------|
| 1 Office - 3 FM | KJMT - KFFA | Line |
| Type of Expense | WDMS 3 FM | Item |
| KFFA Tower Rent - Titan Tower All Exp | 1200 | 3.2% |
| Mtn. Home Tower & Office Lease | 600 | 1.6% |
| | 0 | 0.0% |
| | 0 | 0.0% |
| | 0 | 0.0% |
| | 0 | 0.0% |
| Office Int-Phones - Optimum | 900 | 2.4% |
| Property & Equipment Ins GNVL - SouthGroup | 900 | 2.4% |
| Internet Feed Service - SecureNet | 100 | 0.3% |
| Natural Gas - Black Hills Gas | 100 | 0.3% |
| Office Electric - NAEC - Entergy - Entergy | 1400 | 3.8% |
| Office Water - Trash - Sewer - Helena & GNVL | 160 | 0.4% |
| Office Lease | 2500 | 6.7% |
| Real Property Tax - Helena | 300 | 0.8% |
| Personal Property Tax - All Counties | 100 | 0.3% |
| Leases - Utilities - Insurance - Property Tax | 8260 | 22.1% |
| Cell Services - \$80 Per Station - Verizon | 240 | 0.6% |
| Programming & Automation - Arrakis Adobe | 300 | 0.8% |
| Sales & Sports Travel - \$80 Per Station | 240 | 0.6% |
| FCC Annual Fees - FM \$2400 | 600 | 1.6% |
| Royalties - ASCAP @ \$160 Ea. | 480 | 1.3% |
| BMI @ \$160 Ea. | 480 | 1.3% |
| GMR @ \$25 Ea. | 75 | 0.2% |
| SESAC @ \$25 Ea. | 75 | 0.2% |
| Sound Exchange @ \$100 Each Feed | 300 | 0.8% |
| Programming - Travel - Broadcast - Royalties | 2790 | 7.5% |
| MS Prod Talent - Scott - Mtn Hm | 1500 | 4.0% |
| MS Prod Talent - Leon - Helena | 1500 | 4.0% |
| MS Prod Talent - Johnny - Greenville | 1000 | 2.7% |
| | 0 | 0.0% |
| Sports Ancers @ \$200 Per Mth Per Station | 600 | 1.6% |
| Office & Traffic Mgr - Tasha | 1750 | 4.7% |
| Sales Mgr Local - Johnny - Greenville | 2000 | 5.4% |
| Sales Mgr Local - Deward - Helena | 1000 | 2.7% |
| Sales Mgr Local - - Mtn. Hm. | 1000 | 2.7% |
| | 0 | 0.0% |
| | 0 | 0.0% |
| | 0 | 0.0% |
| Engineering - Mike | 750 | 2.0% |
| Agency Sales Mgr. - Tiffany | 1000 | 2.7% |
| Property Maint. - Gentry | 1000 | 2.7% |
| Promotions Mgr. - Kristi | 500 | 1.3% |
| Gen. Sales Mgr. - Monte | 1000 | 2.7% |
| Employee Tax Match 10% | 1460 | 3.9% |
| Payroll | 16060 | 43.0% |
| Corporate Expenses | 1250 | 3.3% |
| Fees - Misc. - Other - ROUND OFF | 2740 | 7.3% |
| Monthly Total | 31100 | 100.0% |
| Commissions Added at 20% of the Monthly Total | 6220 | 16.7% |
| Combined Monthly Total | 37320 | |
| Combined Annual Total | 447840 | |

EXHIBIT H011 - BUDGET 13 WEEK

| | | | | | | | | | | | | | | |
|------------------------------|--|--|-----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|
| High Plains Radio Network | | 13-week budget. No admission of liability. | | | | | | | | | | | | |
| Calendar Start of Week | | 4/5/2024 | 4/12/2024 | 4/19/2024 | 4/26/2024 | 5/3/2024 | 5/10/2024 | 5/17/2024 | 5/24/2024 | 5/31/2024 | 6/7/2024 | 6/14/2024 | 6/21/2024 | 6/28/2024 |
| Week: | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| Start Cash | | 10,289 | 24,075 | 34,848 | 41,794 | 7,008 | 22,217 | 34,413 | 22,782 | 5,419 | 14,628 | (4,599) | 12,347 | 13,561 |
| Receipts | | | | | | | | | | | | | | |
| Operating income | | 20,000 | 60,000 | 60,000 | 30,000 | 20,000 | 60,000 | 40,000 | 40,000 | 20,000 | 30,000 | 70,000 | 60,000 | 30,000 |
| Total Cash Receipts | | 20,000 | 60,000 | 60,000 | 30,000 | 20,000 | 60,000 | 40,000 | 40,000 | 20,000 | 30,000 | 70,000 | 60,000 | 30,000 |
| Operating Expenses | | | | | | | | | | | | | | |
| Payroll | | 0 | (43,013) | 0 | (52,572) | 0 | (43,013) | 0 | (52,572) | 0 | (43,013) | 0 | (52,572) | 0 |
| Utilities & Leases | | 0 | 0 | (33,530) | 0 | 0 | 0 | (33,530) | 0 | 0 | 0 | (33,530) | 0 | 0 |
| Programming Related | | 0 | 0 | (13,310) | 0 | 0 | 0 | (13,310) | 0 | 0 | 0 | (13,310) | 0 | 0 |
| Insurance - Admin - Misc | | (6,214) | (6,214) | (6,214) | (6,214) | (4,791) | (4,791) | (4,791) | (4,791) | (4,791) | (6,214) | (6,214) | (6,214) | (6,214) |
| Total OpEx | | (6,214) | (49,227) | (53,054) | (58,786) | (4,791) | (47,804) | (51,631) | (57,363) | (4,791) | (49,227) | (53,054) | (58,786) | (6,214) |
| Prof. Fees/Admin. Expenses | | | | | | | | | | | | | | |
| WKPZ | | | | | (5,000) | | | | | (5,000) | | | | (5,000) |
| SubV Trutsee | | | | | (1,000) | | | | | (1,000) | | | | (1,000) |
| Total Prof. Fees/Admin. Exp, | | 0 | 0 | 0 | (6,000) | 0 | 0 | 0 | 0 | (6,000) | 0 | 0 | 0 | (6,000) |
| Total Disbursements | | (6,214) | (49,227) | (53,054) | (64,786) | (4,791) | (47,804) | (51,631) | (57,363) | (10,791) | (49,227) | (53,054) | (58,786) | (12,214) |
| Net Cash Flow | | 13,786 | 10,773 | 6,946 | (34,786) | 15,209 | 12,196 | (11,631) | (17,363) | 9,209 | (19,227) | 16,946 | 1,214 | 17,786 |
| End Cash | | 24,075 | 34,848 | 41,794 | 7,008 | 22,217 | 34,413 | 22,782 | 5,419 | 14,628 | (4,599) | 12,347 | 13,561 | 31,347 |

| | | | |
|-------|---------------------------|-------|---------|
| NOTES | Projected Collections | April | 170,000 |
| | Increase Sales HS Sports | May | 180,000 |
| | Increase Sales Graduation | June | 190,000 |

C:\Users\jcarruth\ND Office Echo\VAULT-C9SL7ZTY\[exh h011 - budget 002 13-wk 4859-1230-7636 v.2.xlsx]13 Wk Budget